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An Independent Review
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***Notice of Independent Review Decision
Amendment X***

IRO REVIEWER REPORT

Date: X; Amendment X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Overturned Disagree
 Partially Overturned Agree in part/Disagree in part
 Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

• X

PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury X. X had a X. The diagnosis was other intervertebral disc disorders, lumbar region.

X was seen by X, LPC on X for continued anxiety and depressed mood. X complained of worrying about things too much, feeling tense, anxious, nervous, or shaking, phobias, chronic pain, depressed mood, feeling down or blue, irritable, crying easily, feeling easily hurt, feeling hopeless about the future, thoughts of hurting self, thoughts about death or dying, sleep disturbance, trouble falling asleep, restless sleep, waking too early and being unable to fall back asleep, and sleeping too much. On mental status examination, X affect was anxious, depressed, and expansive. The mood was anxious and depressed. Intact thought process was noted. X denied auditory hallucinations. No suicidal or homicidal ideations were noted. X attention was distractible. X confirmed sleep disturbances. Therapist recommended continued X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the prospective request for X is denied by X, PhD. Rationale: "Regarding the request for X, the Official Disability Guidelines recommend up to X. The cited guidelines support up to X. There were prior certifications for X on X because the claimant has X. In this case, the claimant has X. They continued to experience severe anxiety and depression, however, there was X. In fact, the Beck depression anxiety and Beck depression scores have X. The claimant reported no change in symptom severity. Considering that there was no evidence of improvement from the X, this request is not supported as medically necessary. Therefore, the prospective request for X is non-certified."

X, LPC documented an appeal letter on X regarding denial of X. There were several items which need to be clarified in addressing this denial for the requested X. First, our office was unable to complete the peer to peer on time so please accept

this letter for appeal for reconsideration. In short summary, the Treatment Progress Report (TPR) dated X (which was updated X for this appeal), submitted for review noted X continues to see X treating provider, X, DC. As per follow-up with Dr. X, X expressed moderate frustration and anger due to unchanged lower back pain and lower extremity complaints postoperatively. X continued to complain of X; and denied any X. X was to continue pain medications with Dr. X, MD. Plan of care as per Dr. X to attend X, referral to see a X for X, evaluate and treat by urologist as recommended by orthopedic surgeon pending authorization by the carrier and remain off work. X also sees X, for X. X was taking X as prescribed. With the above mentioned and updated records, this treatment team recommends that X have an opportunity to attend additional sessions to continue addressing X emotional / psychosocial stressors, vocational support, and pain. Ongoing psycho-educational information concerning post-operative functioning / physical therapy, and activities of daily living functions would continue. Therapist would continue to aid in maintaining focus on X recommended medical treatment / case management needs, monitoring medications (for both pain and psychiatric care), sleep disturbances, vocational support, and the importance of maintaining a healthy leisure balance with X family and close relationships. Literature supports there are six major patient variables that include social support, problem complexity and chronicity, personality reactivity and coping styles and treatment setting. X had chronic pain and emotional distress from X injury. The diagnoses were other intervertebral disc disorders, lumbar region; and sprain of ligament of lumbar spine, subsequent encounter. Lastly, Official Disability Guidelines were referenced including "X"

A Treatment Progress Report was completed by X, LPC on X. The documented diagnoses were adjustment disorder with mixed anxiety and depressed mood; other problems related to employment; other intervertebral disc disorders, lumbar region; and sprain of ligaments of lumbar spine. X were as follows, Pain

Experience Scale score was X, McGill Pain Questionnaire score was X, Fear Avoidance Beliefs Questionnaire was X, Quality-of-Life Scale score was X, Beck Anxiety Inventory score was X, Beck Depression Scale score was X and Sleep Questionnaire score was X. Additional X were recommended to decrease Beck Anxiety Inventory by X points, decrease Beck Depression Inventory by X points, decrease Sleep Questionnaire by X points, reduce vocational stress, and increase ability to cope with headaches and reduction of reported symptoms.

Per a utilization review adverse determination letter dated X, the prospective request for X is denied by X, MD. Rationale: "Regarding the request for X, the Official Disability Guidelines recommend up to X. The prior determination remains appropriate. The prior request was denied due to the fact they continued to experience severe anxiety and depression, but there was no objective evidence of improvement in their mental examination scores. Furthermore, the Beck Depression Anxiety and Beck Depression scores have X. While it is appreciated that the claimant continues to experience symptoms, the request would be outside of guideline recommendations to continue care without measurable improvement. Based on the cited guidelines and information provided, the prospective request for X is non-certified." A phone call to the office of X, MS, LPC-S. at X was attempted on X to discuss the requested care. The provider was unavailable; therefore, a message was left with office staff which included relevant contact information and schedule of availability. No return phone call was received prior to the completion of this review.

Per a reconsideration review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Regarding individual X, the Official Disability Guidelines (ODG) recommend up to X. In cases of major depression or post-traumatic stress disorder (PTSD), up to X sessions if progress is being made. Upon review of the submitted documentation, the request is not warranted. The referenced guidelines recommend up to X. The claimant was diagnosed with adjustment disorder with mixed anxiety and depressed mood, other problems related to employment, other intervertebral disc disorders of the lumbar region, and a sprain of the ligaments of the lumbar spine. The claimant was still frustrated because their lower back pain and lower extremity issues had not improved after surgery.

They were also experiencing bladder retention and urgency but couldn't find a urologist who accepts Workers' Compensation Insurance. The request does not meet the guideline recommendation due to a lack of documented mental examination results and functional gains from X. Note that there are no extenuating factors that require deviation from the guidelines. Therefore, the appeal request for X is non-certified." A phone call to the office of X at X was attempted on X to discuss the requested care. The provider was unavailable; therefore, a voicemail was left with general voicemail which included relevant contact information and schedule. A phone call to the office of X at X was attempted on X. The provider was unavailable; therefore, a general voicemail was left, which included relevant contact information and a schedule. No return phone call was received prior to the completion of this review.

Claimant is diagnosed with Adjustment disorder related to an injury occurring X. Based on records X has attended X, though there was an X. ODG for stress includes X. The claimant has had persistent pain related struggles, X. Records included an increased in X. Claimant has worsened over the course of treatment without additionally contributing X. Additionally, treatment appears to have started in X, X

years following X injury. Claimant has notable X based on the initial evaluation and updated scores. X is recommended to complete X, based on X being completed; this is with ODG for X current diagnosis, though based on the dates of injury and treatment, diagnostics should be reconsidered. Additionally, progress would be necessary for any further treatment. Prospective request for X is medically necessary and certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Claimant is diagnosed with Adjustment disorder related to an injury occurring X. Based on records X has attended X, though there was an indication of X. ODG for stress includes X. The claimant has had persistent pain related struggles, despite surgery, therapy, and medications.

Records included an increased in X. Claimant has worsened over the course of treatment without X. X has attended X consistently based on dates of appointments. Additionally, treatment appears to have started in X, X years following X injury. Claimant has notable X. X is recommended to X; this is with ODG for X current diagnosis, though based on the dates of injury and treatment, diagnostics should be reconsidered. Additionally, progress would be necessary for any further treatment. Prospective request for X is medically necessary and certified.

Overtured

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE