

**IRO Express Inc.  
An Independent Review Organization  
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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: 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

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

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### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X stated that X was a X. X was wearing a seatbelt. X denied any other bodily injury. The diagnosis was adjustment disorder with mixed anxiety and depressed mood (X).

On X, X, PhD evaluated X for initial diagnostic screening with mental health testing. X presented with chief complaints of mood disturbances, anxiety disorder, sleep disorder, vocational concerns, psychosocial stressors, and physical limitations. X was referred for initial / limited diagnostic screening for anxiety, depression, significant mental stress, physical / somatic symptoms or psychophysiological symptoms related to X affect. The recommendations were based on the psychological / emotional aspects of the injury, the treatment history, response to treatment, and psychosocial stressors that may be hindering expected recovery. At this time, the treating provider X, MD had referred X to participate in individual psychotherapy to address any psychological / psychiatric symptoms, pain related issues, and / or any vocational / lease related needs that have arisen due to the work injury. X understood X medical problem as a spinal cord injury. X underwent a X. X experienced X. X reported pain in X neck. X believed X medical problem was severe at the time. X believed X work-related injury problems affected X a lot of the time. X said that X had been fearful of

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

---

driving since the accident. X had also felt anger and sadness. X reported a decrease in interest and pleasure in activities, and social isolation. X had difficulty falling and staying asleep. X also reported some bad dreams of a truck coming behind X. X reported a decrease in appetite, poor concentration, and irritability. X said that X became fearful while driving if another vehicle got too close to X. X said that X felt anxious a few days prior when X heard tires screeching. X felt nauseous and lightheaded. X did not like to leave X home unless necessary. X said that X copes by eating and spending. X reported poor social support. X had a niece who helped X when able. X had not returned to work since the accident. X said it would be difficult to perform same duties due to physical limitations and difficulty driving. X said X was not able to bend or lift heavy items. X would like a job that was remote. Mental status examination revealed mood was dysthymic. Affect was appropriate for verbal content and showed broad range. Memory functions were grossly intact with respect to immediate and remote recall of events and factual information. Psychological testing revealed X pain level was X (dreadful / severe pain). McGill Pain Questionnaire score was X indicating moderate-severe pain. Pain Experience Scale score was X indicating severe levels of emotional distress when X pain injury symptoms were at most severe. On Fear Avoidance Beliefs Questionnaire, Physical Sub scale score was X and Work Sub Scale was X suggesting elevated levels of avoidance and fear related to X work-related injury and the impact of X pain on X ongoing level of physical functioning. Neck Pain Disability Questionnaire score was X indicating crippling level perception of disability and functioning. DASH score was X indicating crippling level of disability. Beck Depression scale score was X indicating severe-extreme level of depression. Beck Anxiety Inventory

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

---

score was X indicating severe level of anxiety. Sleep Questionnaire score was X indicating severe levels of sleep problems. The plan was for X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, PsyD, the request for X was denied. Rationale for psychological testing evaluation for PTSD: “The Official Disability Guidelines (ODG) recommend appropriate identification of psychological conditions for the proper treatment of patients with depressive or anxiety disorders. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or work-related. In this case, the patient is not diagnosed with a psychological condition yet. However, X complains of X. X is referred to a psychologist for evaluation. Based on the patient’s subjective complaints, a proper evaluation is warranted to better identify X psychological conditions. The patient has not been diagnosed with any psychiatric conditions yet. The ODG notes that psychosocial evaluation should determine if further psychosocial interventions are indicated.” Rationale for Psychological testing evaluation for PTSD: “psychosocial evaluation should determine if further psychosocial interventions are indicated. In this case, the patient has not been diagnosed with a psychological condition yet. X subjectively complains of intrusive dreams about the accident with insomnia, anxiety, irritability, and repeatedly thinking about the X. However, the records do not include any psychological diagnosis yet. Psychological testing is to be considered based on the outcome of the evaluation. The available records do not indicate the presence of concussion or TBI. The ODG requires specific criteria for concussion or

## IRO Express Inc.

### *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

---

traumatic brain injury (TBI) patients with certain signs and symptoms to warrant neuropsychological testing. Neuropsychological testing may be indicated in the presence of specific criteria for concussion or TBI patients with certain symptoms. In this case, the available records do not indicate the presence of concussion or TBI. As such, the patient is not a candidate for a neuropsychological test. Psychological testing is already being certified.”

On X, X, MS, LPC-S wrote a response letter about the denial of X. It was documented that the Official Disability Guidelines (ODG) recommend appropriate identification of psychological conditions for the proper treatment of patients with depressive or anxiety disorders. Diagnostic: evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or work-related. In this case, X was not diagnosed with a psychological condition yet. However, X complained of intrusive dreams about the accident with insomnia, issues with anxiety, irritability, and repeatedly thinking about the X. X was referred to a psychologist for evaluation. Based on X subjective complaints, a proper evaluation was warranted to better identify X psychological conditions. As per referring medical records received in short summary, the medical documentation from X treating physician, X, MD, believed it was necessary to refer to X to evaluate and treat X affect / stress state symptoms related X physical injuries sustained at the time of X injury of X, X was X. X continued to complain about neck, back and shoulder pain. X. X was taking medications for pain and affective symptoms. As per information reported by Dr. X, PhD, final evaluation report of X, X reported X was X. X said that X. The other driver was X. X said that X was taken by X. X said that X had been fearful of driving since the accident. X

## IRO Express Inc.

### *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

---

had also felt anger and sadness. X reported decrease in interest and pleasure in activities, and social isolation. X stated that X becomes very angry at the other driver, who was a distant cousin, when X had memories of the accident. X said that X had difficulty falling and staying asleep. X also reported some bad dreams of a truck coming behind X. X reported decrease in appetite, poor concentration, and irritability. X said that X became fearful while driving if another vehicle gets too close to X. X also stated X had anxiousness, nausea, and lightheaded symptoms when X hears tires screeching. X did not like to leave X home unless necessary. X said that X coped by eating and spending. Dr. X diagnosis included adjustment disorder with mixed anxiety and depressed mood (X). It was evident X injuries occurred on have emotional symptoms of physical / somatic symptoms or psychophysiological symptoms related to patient affect, and stress state due to pain and length of time. X doctor referred X to further assess not only for medication management for also for psychotherapy. X initial medication management appointment with psychiatric nurse practitioner, X, was on X. X was expected to have a follow up on X. With all of the above-mentioned, rationale for the requested X was medically reasonable to review appropriateness / candidacy for counseling / individual behavioral services.

Per a reconsideration / utilization review adverse determination letter dated X, X, MD denied the request for X: "The peer review performed on X non-certified the request for psychological testing evaluation for PTSD noting that "psychosocial evaluation should determine if further psychosocial interventions are indicated. In this case, the patient has not been diagnosed with a psychological condition yet. X subjectively

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

---

complains of intrusive dreams about the accident with insomnia, anxiety, irritability, and repeatedly thinking about the motor vehicle incident. However, the records do not include any psychological diagnosis yet. Psychological testing is to be considered based on the outcome of the evaluation." In response, the provider notes that the patient's diagnoses include adjustment disorder with mixed anxiety and depressed mood. The patient was certified for X on X. A copy of the psychiatric diagnostic evaluation for X certified on X has not been submitted for review. This should be reviewed for considering X. Therefore, my recommendation is to non-certify the request for appeal: X." Rationale for X: "A peer review performed on X non-certified the request for X. As mentioned above, X is not warranted at this time as a psychiatric diagnostic evaluation certified on X has not been provided. It remains relevant that neuropsychological testing may be indicated in the presence of specific criteria for concussion or TBI patients with certain symptoms. In this case, the available records do not indicate the presence of concussion or TBI. As such, the patient is not a candidate for a X. X is already being certified. Therefore, my recommendation is to non-certify the request for appeal: X." The principal reason(s) for denying these services or treatment: The available records do not indicate the presence of concussion or TBI. The clinical basis for denying these services or treatment: The ODG requires specific criteria for concussion or traumatic brain injury (TBI) patients with certain signs and symptoms to warrant X.

Request is related to X. Claimant has been assessed by Dr. X, during an initial interview, which included objective measures. The following details were provided: Psychological testing revealed X pain level was X

## IRO Express Inc.

### *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

---

(dreadful / severe pain). McGill Pain Questionnaire score was X indicating moderate-severe pain. Pain Experience Scale score was X indicating severe levels of emotional distress when X pain injury symptoms were at most severe. On Fear Avoidance Beliefs Questionnaire, Physical Sub scale score was X and Work Sub Scale was X suggesting elevated levels of avoidance and fear related to X work-related injury and the impact of X pain on X ongoing level of physical functioning. Neck Pain Disability Questionnaire score was X indicating crippling level perception of disability and functioning. DASH score was X indicating crippling level of disability. Beck Depression scale score was X indicating severe-extreme level of depression. Beck Anxiety Inventory score was X indicating severe level of anxiety. Sleep Questionnaire score was X indicating severe levels of sleep problems. The plan was for X. The specific additional testing was not identified in the request.

The Official Disability Guidelines (ODG) recommend appropriate identification of psychological conditions for the proper treatment of patients with depressive or anxiety disorders. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or work-related.

The request for a X was previously approved and identified as necessary to further justify X. The evaluation from Dr. X identified various symptoms with an associate diagnosis of Adjustment Disorder. Further testing appears warranted based on these findings, though the request is modified to X. This is overturned with modification.

The request for X does not appear warranted based on there being no

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

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identified concerns for traumatic brain injury and/or post-concussion syndrome in records. The ODG requires specific criteria for concussion or traumatic brain injury (TBI) patients with certain signs and symptoms to warrant neuropsychological testing. This portion of the request is upheld/denied. The X is medically necessary and modified to X non-certified. The requested X is not medically necessary and non-certified.

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

Request is related to X. Claimant has been assessed by Dr. X, during an initial interview, which included objective measures. The following details were provided: Psychological testing revealed X pain level was X (dreadful / severe pain). McGill Pain Questionnaire score was X indicating moderate-severe pain. Pain Experience Scale score was X indicating severe levels of emotional distress when X pain injury symptoms were at most severe. On Fear Avoidance Beliefs Questionnaire, Physical Sub scale score was X and Work Sub Scale was X suggesting elevated levels of avoidance and fear related to X work-related injury and the impact of X pain on X ongoing level of physical functioning. Neck Pain Disability Questionnaire score was X indicating crippling level perception of disability and functioning. DASH score was X indicating crippling level of disability. Beck Depression scale score was X indicating severe-extreme level of depression. Beck Anxiety Inventory score was X indicating severe level of anxiety. Sleep Questionnaire score was X indicating severe levels of sleep problems. The plan was for X. The specific additional testing was not identified in the request.

## IRO Express Inc.

### *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

---

The Official Disability Guidelines (ODG) recommend appropriate identification of psychological conditions for the proper treatment of patients with depressive or anxiety disorders. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or work-related.

The request for a X was previously approved and identified as necessary to further justify psychological testing. The evaluation from Dr. X identified various symptoms with an associate diagnosis of Adjustment Disorder. Further testing appears warranted based on these findings, though the request is modified to X. This is overturned with modification.

The request for X does not appear warranted based on there being no identified concerns for traumatic brain injury and/or post-concussion syndrome in records. The ODG requires specific criteria for concussion or traumatic brain injury (TBI) patients with certain signs and symptoms to warrant X. This portion of the request is upheld/denied. The X is medically necessary and modified to X non-certified. The requested X is not medically necessary and non-certified.

Partially Overturned

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X

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### **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

**IRO Express Inc.**

***Notice of Independent Review Decision***

Case Number: X

Date of Notice: X

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