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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 who was injured on X. X injured X. The diagnosis was lumbar sprain / strain.

On X, X, MD evaluated X for a follow-up visit. X continued to have pain level of X. X was unable to work. X had constant pain, which was made worse by lifting, and long standing. The pain was made better by lying down. X had no new symptoms. Following the treatment plan, which was not helping. X was X. X had X. X had not helped. X had an X. X had been denied X. On musculoskeletal examination, toe and heel walking was X. Flexion, extension, rotation of lumbosacral spine was decreased by X to X. Straight leg raise was X. Motor strength was X in the lower extremities. Sensation was X. Paravertebral spasms at X were noted. X had lack of improvement with X.

A Functional Capacity Evaluation (FCE) was performed by X NASM, CPT on X. It was noted that X appeared to perform FCE with X. During the evaluation, X was unable to achieve X of the physical demands of X job. X demonstrated the ability to perform within the Medium Physical Demand Category on the definitions of the US Department of Labor and outlined in the Dictionary of Occupational Titles. This job specific evaluation was performed in a X approach and X demonstrated the ability to perform X of the physical demands of X job as a X. The return to work test items X was unable to achieve successfully during this evaluation include: firm grasping, pinching, fine coordination, gross coordination, walking, above shoulder reach, occasional overhead lift, occasional pulling, frequent overhead lift, frequent pulling, and sitting. During objective functional testing, X demonstrated consistent effort throughout X of this test which would suggest patient put forth full and consistent biomechanical and evidence based effort during this evaluation. Throughout objective functional testing, X reported reliable pain ratings X of the time which would suggest that pain could have been considered a limiting factor during functional testing.

On X, X, MA, LPC / X, PhD / X, MD had performed behavioral evaluation. Per evaluation, the pain resulting from X injury had severely impacted normal functioning physically and interpersonally. X reported frustration and anger related to the pain and pain behavior, in addition to decrease ability to manage pain. Pain had reported high stress resulting in all major life areas. X would X. It would improve X ability to cope with pain, anxiety, frustration, and stressors, which appeared to be impacting X daily functioning. X should be treated daily in a X. The program was X. The program consisted of, but was not limited to X. These intensive services would address the current problems of coping, adjusting, and returning to a higher level of functioning as possible. Since the work-related injury, X psychophysiological condition had been preventing X from acquiring the level of stability needed to adjust to the injury, manage more effectively the pain, and improve X level of functioning. X psychological symptoms appeared to be marked by insomnia, energy decrease, frustration, irritability, boredom, libido decrease, discouragement about the future, feelings of inadequacy, not able to relax, muscle tension, nervousness, fear of re-injury, and concentration difficulties. X Beck Depression Inventory (BDI-II) score was X indicating mild range. Beck Anxiety Inventory (BAI) score was X which was in mild range. The Screener and Opioid Assessment for Patients in Pain-Revised (SOAPP-R) score was X indicating low risk for abuse of prescribed X. The Fear Avoidance Beliefs Questionnaire (FABQ) revealed Work scale score of X (High) and activity scale score of X (High).

Per a Designated Doctor Examination dated X, X, DC opined that X statutory date of maximum medical improvement (MMI) was X. As X had not reached MMI, impairment rating would not be recommended. Specifically, the extent of injury of X did not extend to include the or conditions of X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "In this case, there is no evidence that the claimant has X. While the claimant has X. As such, there is X. Therefore, this request is not medically necessary.

An appeal letter by X, MD was included in the records dated X regarding approval of X. Regarding X efforts, Dr. X documented that X completed X were denied. X had adhered to a prescribed X, yet X pain persisted. On X, the same reviewer denied a X. This created a contradictory situation where X was denied invasive procedures due to X, yet further X have also been denied. Regarding psychological and behavioral consideration, Dr. X documented that X exhibited fear of re-injury, a known barrier to recovery that is effectively addressed through X. X alone is inadequate, as it could not simultaneously address X. Psychological assessments indicated mild depression (score: X), mild anxiety (score: X), and low risk of substance abuse (score: X). However, X fear avoidance scores for activity and work are high, underscoring the need for an X approach. Regarding medication and ongoing symptoms, X is taking pain medication, yet X pain remains uncontrolled, impacting X sleep, daily functioning, and ability to work. X meets ODG criteria for a X. X had X. X chronic pain, fear-avoidance behaviors, and psychological barriers necessitate a X Denying this program leaves X without viable treatment options, as further X is either unavailable or has proven ineffective, and invasive procedures had been deemed inappropriate by the same reviewer. Approving the X would provide X with the X needed to address X chronic pain, improve X functional status, and facilitate X return to work.

Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "In this case, upon discussion, X MA, NCC, states the claimant has mild anxiety, depression, and risk assessment scores. The MA states that regular X. The provider recommends X, Guidelines require evidence that the usual methods of treatment have not been successful, while the claimant has chronic complaints and is noted to have behavioral issues, there is no evidence that X. In addition, the claimant continues to have requests for X. The fear-avoidance scores for activity and work are high. There is no X. Therefore, this request is not medically necessary."

Thoroughly reviewed provided records including provider notes and peer reviews.

While the patient could benefit from X. Both the supplied documentation, as well as Dr. X appeal letter explains, based on cited ODG criteria, why the requested X is warranted. The patient has X. Instructing the patient to X. is X medically

necessary and certified

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

Thoroughly reviewed provided records including provider notes and peer reviews.

While the patient could benefit from X. Both the supplied documentation, as well as Dr. X appeal letter explains, based on cited ODG criteria, why the requested X is warranted. The patient has X. Instructing the patient to X. 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