**Core 400 LLC**
**An Independent Review Organization**
**3616 Far West Blvd Ste 117-501 C4**
**Austin, TX 78731**
**Phone: (512) 772-2865**
**Fax: (512) 551-0630**
**Email: @core400.com**

***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:

☒ Upheld

☐ Overtured

☐ Partially Overtured

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

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X was X. The diagnoses were cervical sprain / strain, lumbar sprain / strain and lumbar facet syndrome.

On X, X was seen by X, DPT, for X re-evaluation visit for X complaints of neck and low back pain. X was originally injured on X during a work-related accident. X was X. X reported an overall improvement in symptoms of around X since beginning X. X low back symptoms were worse than X cervical symptoms. X stated X felt much better overall, but still had difficulty with bending over to put X shoes on, lifting from the ground, and sleeping. At the time, X returned to X. Physical examination revealed the Five Times Sit-to-Stand Test was achieved in X seconds with no upper extremity support. Balance testing for Tandem showed that for Left in front of right was X seconds; Right in front of left was X seconds. Single-leg Stance for left leg was X seconds; right leg was X seconds. On cervical spine examination, active range of motion showed flexion X degrees, extension X degrees with pain, left side bending X degrees, right side bending X degrees with pain, and left and right rotation was X degrees. The manual muscle testing (MMT) of the upper extremities at left and right shoulder flexors were X; left and right shoulder abductors were X, left and right biceps were X, left and right triceps were X, left and right lower trapezius were X, left and right middle trapezius were X and left and right rhomboids were X. Lumbar spine examination revealed active range of motion at flexion was X degrees with pain, extension was X degrees with pain, left side bending was X degrees with pain and right side bending was X degrees with pain, left and right rotation was X degrees. The manual muscle testing (MMT) of lower extremities at left and right hip flexors, abductors and extensors were X, left and right quadriceps and hamstrings were X, left and right ankle dorsiflexors/plantar flexors were X. X did present with moderate impairments in upper trapezius, levator scapulae as well as pectoralis major and minor flexibility bilaterally. X did present with moderate deficits in hamstring, piriformis, and iliopsoas flexibility bilaterally as well. X ambulated with a mild antalgic gait. X did have decreased step and stride length bilaterally, a forward flexed posture bilaterally, and decreased cadence overall. X also had a decrease in lumbar lordosis. X did have increased trigger points and tenderness to palpation to bilateral upper trapezius and levator scapulae as well as tightness in X lumbar

paraspinals as well. X did present with hypomobility throughout X thoracic and lumbar spine with P/A glides. Oswestry Low Back Disability was X. Neck Disability Index was X. It was noted that X had shown improvements in X FTSTS score, demonstrating an improvement in functional mobility. X SL balance also slightly improved as did X ROM for both X lumbar and cervical spine. X may benefit from future X as X continued to have pain with lumbar flexion, making it difficult for X to lift off the ground or donn / doff X shoes. Per a Behavioral Evaluation Report dated X completed by X, LPC, X was referred for a behavioral evaluation because of chronic pain symptoms and indicators with related adaptive functioning deficits. X history of injury was as follows: X who worked for X when X sustained a job-related accident on X. X stated X was on X job site when X was working the X. X fell onto a X. X supervisor witnessed the job-related accident and immediately sent X to be drug-tested. X followed through. X drug test came out clean as per X report. This resulted in a job-related injury to X low back. X returned to work for approximately X days. X stated X pain was high, and X was unable to perform X job. X decided to take X vacation days "as a sick leave, to recover and heal from the job-related accident." X then decided to make Workers' compensation claim. X reported since that date, X had continued to have these symptoms, as well as, increase in psychological distress. At the time, X described X problems as physical pain and suffering, more personal mental stress, feeling sad much of the lime, loss of pleasure from things X used to enjoy, experiencing crying episodes, feeling restless, less interested in other people than before, felt less energy, much more irritable than usual, difficulties concentrating, and feeling easily tired. X believed X presenting problems affected X virtually all the time. X overall severity was judged as moderate. X was motivated to return to work; however, X believed these problems significantly impacted X capabilities to improve, so X could return to work. X rated X average pain level as X. X pain would remain at X while X was moving, specially repetitive movements. X reported with this pain level, X would not be able to adequately perform X job duties, when involved in repetitive movements, and when exerting force. X pain was reportedly located in X upper and mid back. X pain was described as constant stiffness, and exacerbating when squatting. X also had trouble with personal grooming activities, household chores, standing, sitting, and walking for long periods of lime. At the time, X was taking pain medications with minimal pain relief and had not worked since around the time of the work-related accident. Other symptoms included pain and health-related behavior and psychological and functioning deficits. Psychiatric

examination revealed X was coherent and X rate of speech was average. X eye contact was good. X was a poor to adequate historian, and demonstrated compliance in answering all verbal questions made to X. X affect was congruent with content, and was pleasant. X was oriented X, and no hallucinations, delusions, or thoughts of harm to self or others were reported. However, X insight with regard to the nature of X work-related injury was poor. X presented with pain such as that related to this compensable injury extending beyond the primary intervention phase with continued significant impairment in daily functioning and failure to return to work or progress adequately in health care treatment. Evaluation procedure included Clinical Interview (Including Review of Medical History and Psycho-diagnostic interview), Beck Depression Inventory (BDI-II) and Beck Anxiety Inventory (BAI-II). At the time, X had problems with pain focus, poor coping strategies, symptoms of depression and anxiety, decreased endurance, range of motion deficits and decreased coordination and balance. X report on symptoms of depression fell in the mild range for depression scoring X in the BDI-X. X report on symptoms of anxiety fell in the minimal range for anxiety scoring X in the BAI. X GAF score was a X. In conclusion, based on the criteria set forth by the ACOEM, ODG, and TWCC guidelines, X was a candidate for a X. X was recommended to participate in X to ensure the medical benefits that X was entitled and as a concurrent evaluation to assess X compliance and therapeutic response to treatment. Per a Functional Capacity Evaluation dated X completed by X, PTA, X presented complaining of pain in the cervical and lumbar spine and the head. X occupational demand as a X. According to the results of the evaluation, at the time, X was performing at a Light-Medium PDL, which indicated a moderate functional deficit. On X, X was seen by X, MD, for evaluation of complaints for a work-related injury which occurred on X. X reported that the injury occurred while X was working within the normal course and scope of X employment as a X. X reported that while operating the X. X was wearing a seatbelt. X had immediate onset of pain of X lower back. X sought evaluation by Dr. X who provided X. X was sent to Dr. X who provided X. X was referred to Dr. X for consideration of tertiary care due to X ongoing back pain and functional deficits. X was examined and recommended MHE/FCE. X underwent MHE and was found to be a candidate for X. FCE on X showed X at Light-Medium PDL. Due to functional deficit and MHE, X would benefit from X. At the time, X reported no neck pain. X reported decrease in back pain. Examination of the cervical spine revealed this area to be nontender to palpation. There was good muscle tone.

There was good motion. There was good strength. Examination of the lumbar spine revealed mild tenderness of the lumbar spine. Lumbar range of motion was mildly decreased. Kemp's test provoked mild lumbosacral pain. Straight leg raise test was X. There was weakness of the lumbar spine. The X was denied once and was pending reconsideration.

Treatment to date included X.

Per a utilization review adverse determination letter / peer review report dated X by X, MD, the request for X was denied. Rationale: “Per ODG by MCG X: X), "Previous X: There is evidence supporting treatment with an adequate trial of active physical rehabilitation, with improvement followed by plateau, without evidence of likely benefit from continuation of previous treatment. Passive physical medicine modalities are not indicated for any of these approaches...Program timelines: Approaches are highly variable in intensity, frequency, and duration. APTA, AOTA, and utilization guidelines for individual jurisdictions can be inconsistent. In general, recommendations for X fall within the following ranges: X should be intensive with variable treatment regimens ranging from X hours, X visits per week. The entirety of treatment should not exceed X full-day visits over X weeks, not to exceed X. A reassessment after X weeks should determine whether completion of the current program is appropriate or whether other alternatives should be considered." In this case, the patient presents for low back pain. Physical examination of the lumbar spine reveals X. Per the case notes, prior treatment has included X. Functional capacity evaluation from X is noted as light-medium. The patient has had an X. There was no mention of plateaued. The guidelines emphasize demonstrating the need for such intensive intervention after a standard course of physical therapy has plateaued. Further, a specific defined return to work goal or job plan was not documented. Therefore, the requested X is not certified.”

On X, X, DC, wrote an appeal letter for denial of requested service of X, stating, “On X, X was working as a X. X was X. X had immediate onset of lower back pain. X saw the care doctor, X, who provided X. X saw Dr. X who provided X. X reports that at this point X has less lower back pain. X has residual lower back pain and weakness. X needs to function at the heavy PDL and at this point, FCE demonstrates that X is currently functioning at the light-medium PDL.

There are ongoing deficits for which the patient is an appropriate candidate for participation in a X. The very purpose of X is to increase the physical capacity of patients so that they may be able to transition back into their work. This patient has demonstrated good compliance and progress with treatment to this point and X is expected to achieve X preinjury functional level and transition back into X work if provided the opportunity. It is therefore unreasonable, counterproductive and contrary to the standard of care to terminate X treatment at this juncture. X is an appropriate candidate for participation in a X through which X is anticipated to achieve X preinjury functional level and return to work. I therefore request X."

Per a reconsideration review adverse determination letter / peer review report dated X the appeal request for X was denied by X, MD. Rationale: "Prior report dated X, by X, MD, indicated the request for X was non-certified noting the claimant has had an adequate X. There was no mention of plateaued. The guidelines emphasize demonstrating the need for such intensive intervention after a standard course of X has plateaued. Further, a specific defined return to work goal or job plan was not documented. ODG by MCG states that there is evidence supporting treatment with an adequate trial of active physical rehabilitation, with improvement followed by plateau, without evidence of likely benefit from continuation of previous treatment. In this case, the claimant X. The X re-evaluation on X, noted the claimant reported an overall improvement in symptoms of around X since beginning X, and demonstrated improvements in X five times sit-to-stand test (improved to X seconds), single-leg balance, and range of motion for both X lumbar and cervical spine, although some limitations and pain persisted (e.g., lumbar flexion to X degrees with pain, lumbar extension to X degrees with pain, hip MMT X). The appeal letter from X, DC, dated X, also states that the claimant has demonstrated good compliance and progress with treatment to this point. While residual low back pain and weakness are reported in the X and X progress notes, and the FCE from X, indicates a functional capacity at the light-medium physical demand level (PDL) compared to X job requirement of a heavy PDL, the provided documentation does not sufficiently demonstrate that the claimants improvement from the initial course of active X had definitively plateaued to a degree that would preclude further benefit from continued,  X. Furthermore, ODG by MCG states a specific defined return-to-work goal or job plan has been established, communicated, and documented. The ideal situation is that the plan

was agreed to by the employer and employee. While the need to return to a X job is noted, the documentation lacks a detailed, specific, and mutually agreed-upon return-to-work plan. The prior denial on X, also highlighted this lack of a documented, specific return-to-work goal. Although the claimant subjectively reports decreased pain (average pain X on X) and objective findings on X, showed X. Therefore, the request is recommended non-certified.

The requested a X is not medically necessary. The patient has had an adequate trial of X. There was no mention of plateaued. The need for such intensive intervention should only occur after a standard course of X has plateaued. Furthermore, a specific defined return to work goal or job plan was not documented. X also has a X. It does not appear that a psychological evaluation has been performed. No additional information has been provided which would overturn the previous denials. 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:**

The requested X is not medically necessary. The patient has had an adequate trial of X. There was no mention of plateaued. The need for such intensive intervention should only occur after a standard course of X has plateaued. Furthermore, a specific defined return to work goal or job plan was not documented. X also has a X. It does not appear that a psychological evaluation has been performed. No additional information has been provided which would overturn the previous denials. X is not medically necessary and non-certified.

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

☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

☐ **INTERQUAL CRITERIA**

☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

☐ **PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**