True Decisions Inc.

Notice of Independent Review Decision

True Decisions Inc.
An Independent Review
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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
X is a X who was injured at work on X. X had been working as Pre-loader for X for

over a year. While working on X, X was in a different department sorting package on a conveyor belt. X noticed a package across the belt that was blocking the scanning mechanism preventing it from scanning package coming by. X reached across the belt to pull the small package out from under another package to unblock the mechanism. In doing so, X felt a sharp pain in X left neck and shoulder. The diagnoses were complex regional pain syndrome; radiculopathy, cervical region; sprain of ligaments of cervical spine, initial encounter; strain of muscle, fascia, and tendon at neck level; and unspecified sprain of left shoulder joint.

On X, X was evaluated by X, DO for a follow-up of left sided neck and shoulder pain. X noted that the pain was unchanged. X reported tingling / numbness to left upper extremity to hand. X stated that X left hand was often much colder than the right hand. Sporadically, the water hitting X left arm in the shower had caused severe pain. Left hand would swell off and on. On examination, blood pressure was 161/91 mmHg, weight was X pounds, and body mass index (BMI) was 39.46 kg/m2. Cervical spine examination revealed bilateral range of motion 65 degrees with pain, flexion 50 degrees, and extension 20 degrees with pain. The left shoulder examination revealed flexion was 60 degrees and abduction was 45 degrees. Tenderness to palpation was noted at left lower paraspinal muscles of cervical spine, at superior trapezius and anterior left shoulder. The left shoulder strength was 4+/5. Increased pinwheel sensation of X left upper extremity and hand was noted. Functional deficits were noted at overhead task, reaching, and lifting. There was positive supraspinatus test, Empty Can test which caused pain, Apprehension test and Maximum foraminal compression test noted. The deep tendon reflexes were intact as 2+/4 except left brachioradialis was 3+/4. Per the note, an MRI of the left shoulder dated X showed mild infraspinatus with low-grade articular surface tearing of the mid to posterior fibers at the footprint. High grade or full thickness rotator cuff tear was noted. Superior labral degeneration and tearing was noted. On assessment, X was referred to X for X.

On X, X was seen by X, DO for a follow-up evaluation of X ongoing complaints. X presented with continued care regarding X neck, shoulder, and arm pain having failed conservative rehabilitative care and recently an X, which in fact, X stated, it had made X worse. X continued to have sensitivity to touch. X was dropping things. X had swelling. X hand was cold to touch. The pain was rated 7-8/10 and was

treated for both neck and shoulder sprain. Dr. X recommended X for left shoulder and arm pain associated with X work injury as per Dr. X opinion. X did help somewhat which was consistent with this process. X was the standardized treatment regimen and was supported by the Texas Medical Board in lieu of the opioid epidemic. X was to continue with X at night, continue with active range of motion exercise, anti-inflammatory diet was advised.

On X,X was seen by Dr. X for follow-up evaluation of X ongoing complaints. X presented for continued care regarding X chronic pain complaints associated with left shoulder strain / sprain and neuropathic pain. X did well following X with improvement of range of motion. However, X left shoulder and arm continued to be hyperesthetic and allodynic. X had exhausted X. As a result of denial of care, the doctor apparently did not do their due diligence as X went through numerous functional restoration comprehensive treatment programs and had failed the treatment for complex regional pain syndrome (CRPS). CRPS was a clinical diagnosis treated by a Board Certified Fellowship pain specialist with 30 years of experience in the treatment of pain. X already had those programs and was performing activities of daily living, which were active range of motion exercises and anti-inflammatory diet, neuropathic pain medication and others. X was working on weight loss. On the day, X was quite fatigued. X felt the pain was back up to 6-8/10 with this high pressure system in X Texas. Dr. X assessed that the X was both diagnostic and therapeutic for this disorder. This was pain of the cervical strain / sprain type and left shoulder pain. Dr. X noted that further delay in this treatment would lead to refractory and costly pain complaint. Dr. X opined over the peer denial as the rationale, albeit, which was inappropriate for this condition as further delay would only led to refractory and costly pain complaint. X had moderate swelling throughout X shoulder and arm, that was the compensable lesion and as a result, the treatment of such would be sympathetic blockade directly. Dr. X was going to arrange for it pending insurance authorization. Further delays in this treatment would led to refractory, costly pain complain with further pain and suffering anticipated. Spread of this disorder may also take place.

An MRI of cervical spine dated X revealed moderate bilateral foraminal stenosis at C5-C6 level; mild left foraminal stenosis at C6-C7 level; moderate left foraminal stenosis

at C7-T1 level.

Treatment to date included X, which made the pain worse; X.

Per the utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Per the submitted documentation, the request is not warranted. The cited guidelines do not recommend X as a first-line option. The evidence for its benefits was inconclusive, and there is a potential for harm. However, X may be indicated in certain cases, such as when X, are indicated by all of the following including complex regional pain syndrome (CRPS) of the upper or lower extremity, as defined by simplified Budapest (Harden) criteria, failure of symptoms to improve after all of the following including functional restoration program led by an occupational or physical therapist for 3 months, treatment with medication for 3 months X used as part of a comprehensive functional restoration program led by occupational or physical therapist Type of X or more of the following including X for lower extremity CRPS X for upper extremity CRPS. The injured worker had chronic neck and left shoulder pain. They continued sensitivity to touch. They were dropping things, swelling and their hands were cold to touch rated at 7-8/10. They had been treated with multiple conservative measures with failed improvements. However, the request is not within the guideline recommendation and is not medically necessary since the guideline stated that X should be integrated into a comprehensive treatment program that emphasizes functional restoration, and there was no indication of any ongoing functional restoration treatments in the submitted medical records. Moreover, there was no noted clear objective evidence of Complex regional pain syndrome (CRPS) of the upper or lower extremities, as defined by simplified Budapest (Harden) criteria. Therefore, the prospective request for X is non-certified."

On X, Dr. X placed an appeal for reconsideration for request of X.

Per the utilization review dated X by X, DO, the request for X was denied. Rationale: "Regarding X, the Official Disability Guidelines state that X is not recommended as a first-line option; evidence shows inconclusive benefit, lack of benefit, or potential harm. However, a X may be indicated for X. It is indicated by all of the following: CRPS of the upper or lower extremity, as defined by simplified Budapest (Harden)

criteria; failure of symptoms to improve after functional restoration program led by an occupational or physical therapist for 3 months and treatment with medication (e.g., nonsteroidal anti-inflammatory drug [NSAID], tricyclic antidepressant) for 3 months; X used as part of a comprehensive functional restoration program led by an occupational or physical therapist; and type of X for lower extremity CRPS or X for upper extremity CRPS. The use of X allows confirmation of placement of the local anesthetic. Regarding sedations, the Official Disability Guidelines do not offer recommendations; therefore, the Up To Date was referenced and stated that procedural sedation and analgesia (PSA) may be used for any procedure in which a patient's pain or anxiety may be excessive and may impede performance. The request for a X is not warranted. The injured worker was diagnosed with left shoulder pain and cervical sprain/strain with complaints of left shoulder strain/sprain and neuropathic pain. Their left shoulder continued to be hyperesthetic and allodynic. It was noted that the injured worker went through numerous functional restorations, and comprehensive treatment programs, and had failed the treatment for CRPS. The injured worker had already received those programs and was performing activities of daily living, which were active range of motion exercises an anti-inflammatory diet, neuropathic pain medication, and others. They were working on weight loss. That day, the injured worker was quite fatigued. They felt that the pain was at 6-8 out of 10. The injured worker had moderate swelling throughout X shoulder and arm. It was also noted that the request was both diagnostic and therapeutic, while the request for X was due to X. There was no mention of an ongoing functional restoration program. The prior non-certification of the request for X was because the X should be integrated into a comprehensive treatment program that emphasizes functional restoration, and there was no indication of any ongoing functional restoration in the submitted medical records. Moreover, there was no noted clear objective evidence of complex regional pain syndrome (CRPS) of the upper or lower extremities, as

defined by simplified Budapest (Harden) criteria. The referenced guideline states that X is not recommended as a first-line option; evidence shows inconclusive benefit, lack of benefit, or potential harm. However, a X may be indicated for initial X. It is indicated by all of the following: CRPS of upper or lower extremity, as defined by simplified Budapest (Harden) criteria; failure of symptoms to improve after functional restoration program led by occupational or physical therapist for 3 months and treatment with medication for 3 months; X used as part of a comprehensive functional restoration program led by occupational or physical therapist; and type of X is X for lower extremity CRPS or X for upper extremity CRPS. Although it is acknowledged that the injured worker has left shoulder strain/sprain and neuropathic pain despite multiple treatment modalities, there was no mention of an ongoing functional restoration program. Moreover, the provider also stated that the injured worker went through numerous functional restorations, and comprehensive treatment programs, and had failed the treatment for CRPS. Given the above information, the appeal request X is noncertified.

Thoroughly reviewed provided records including provider notes and peer reviews.

The patient has had multiple treatments over time with multiple interventions including X. Given meeting criteria for diagnosis of CRPS, as well as other treatments done prior, the x does meet cited guideline criteria. The patient also has documented X for which, X requested is also warranted. X is 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.

The patient has had multiple treatments over time with multiple interventions including X. Given meeting criteria for diagnosis of CRPS, as well as other treatments done prior, the request for X does meet cited guideline criteria. The patient also has documented X for which, X is also warranted. X is medically necessary and certified.

Overturned

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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

□ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE