

Maximus Federal Services, Inc.  
807 S. Jackson Road., Suite B  
Pharr, TX 78577  
Tel: 956-588-2900  
Fax:1-877-380-6702

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## Notice of Independent Medical Review Decision

### Reviewer's Report

**DATE OF REVIEW:** 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**

Physician, board certified in X

**REVIEW OUTCOME**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

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I have determined that X is not medically necessary for treatment of this member's condition.

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

X

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

This case concerns a X for whom authorization and coverage for X. The Carrier denied this request on the basis that these services are not medically necessary for treatment of the member's condition.

A review of the record indicates that the member was diagnosed with concussion without loss of consciousness, contusion of the back and pelvis and laceration without foreign body of the scalp.

On X, the member's treating provider wrote a letter in support of this request. This letter explained that it is recommended that the member have an opportunity to progress to another phase of the program as X is slowly transitioning back to viable work. It provided information about the member's efforts to do so. It indicated that the member hoped to use the next X to increase X physical demand level so that X has a better change at being hired for a truck driving program. It also indicated that it is expected that the member will continue to improve X targeted goals with continued participation in the program.

The Carrier has indicated that these services are not medically necessary for treatment of the member's condition. The Carrier explained that there have been some improvements. The Carrier noted that noted the member has only improved functional lifting from 20 pounds to 25 pounds over 160 hours. The Carrier noted that it is unlikely that X will be able to lift an additional 25 pounds to meet the job requirements of

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being able to lift 50 pounds. The Carrier noted that per the Official Disability Guidelines (ODG), continuation in X is not supported for longer than 2 weeks without evidence of compliance and significantly demonstrated efficacy as documented by subjective and objective gains. The Carrier explained that additionally, the total duration of treatment should not exceed X. The Carrier explained that for treatment beyond the 160 hour/4-week period, there should be a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The Carrier noted that in this case, the member has completed X without evidence of significant objective or functional gains. The Carrier indicated that the documentation does not include a specific rationale for the request for treatment beyond the normal course nor does it include specific goals. The Carrier noted that the treating provider confirms that the claimant X. The Carrier indicated that the provider notes that the member has made some improvements in things such as pain, fear avoidance, and anxiety. The Carrier further indicated that however, as presented, the request does not appear to be supported by the guidelines, therefore, there is no change in the recommended determination.

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

The Maximus physician consultant indicated the member sustained an industrial injury on X. The Maximus physician consultant noted that a review of the medical records indicates that the member is undergoing treatment for concussion without loss of consciousness, subsequent encounter, contusion of lower back and pelvis, subsequent encounter, and laceration without foreign body of scalp, subsequent encounter. The Maximus physician consultant explained that previous diagnostics included a cervical spine MRI on X, and a computerized tomography

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(CT) scan of the sacrum/coccyx without contrast on X. The Maximus physician consultant explained that the current doctors were not documented and previous treatment has included X. The Maximus physician consultant indicated that per the progress report dated X, the member has a desired physical demand level of medium, and the current PDL is light-medium, which is some improvement. The Maximus physician consultant indicated that the member's functional lifting increased from 20 pounds to 25 pounds following X.

The Maximus physician consultant indicated that in response to the denial letter, the medical records note dated X, noted that the member has started to progress in X efforts to get back to work following the functional restoration program, and the functional restoration and he believes that time X will work well to meet is identified goes. The Maximus physician consultant explained that the report noted that additional functional restoration programs will allow for specific concentration of physical and psychological education to manage X function and movements to complete daily tasks for more strength, tolerance to sustain activities, and proper body mechanics to return safely to variable employment. The Maximus physician consultant noted that the report noted that he benefitted from complementary approaches, including supportive therapy, and relaxation therapy. The Maximus physician consultant noted that the request for X is for X to adjust to X limitations and fear avoidance.

The Maximus physician consultant indicated that the physical performance summary dated X noted that X had completed X and that X physician ordered a functional capacity evaluation and recommended continuation of the x. The Maximus physician consultant indicated that the member noted that X pre-injury job was for the medium PDL 50 pounds, which required continuous lifting, balancing, kneeling, and handling, with overhead and forward reaching, and frequently sitting. Standing, walking, pushing/pulling, standing, stair climbing, and

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squatting are occasionally required. The Maximus physician consultant explained that member's lifting capacity from the floor is 25 pounds, which is at the light PDL level, but on the previous Functional Capacity Evaluation (FCE), X lifted 20 pounds from the floor and could lift 25 pounds without complaints of pain or discomfort. The Maximus physician consultant noted that the member has a 25 pound lift/carry restriction from X doctor and X knuckle-to-shoulder lift was also 25 lb. The Maximus physician consultant explained indicated that based on the results of the FCE, X does not meet the minimum qualification for X pre-injury job, and X referring physician had recommended continuation of the X, and they agreed with this recommendation to reduce pain behaviors and improve X overall functional capacity, therefore, optimizing overall quality of life.

The Maximus physician consultant indicated that the member was denied X on X, because X had completed X without evidence of significant objective functional against, and the documentation did not include the specific rationale for the request for the treatment beyond the normal records not the did include specific goals. The ACOEM Practice Guidelines does not address the stages of the treatment. However, the ODG, do not recommend more than X of continuous treatment without evaluation for compliance and treatment outcome.

Therefore, the requested X is not medically necessary for the treatment of the member's condition.

**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**

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ACOEM Practice Guidelines <Chronic Pain><Rehabilitation><  
Treatment Recommendations><Tertiary Pain Programs>

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

**MERCY CENTER CONSENSUS CONFERENCE  
GUIDELINES**

**MILLIMAN CARE GUIDELINES**

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

PAIN><OTHER, PHYSICAL MEDICINE,  
PSYCHOLOGICAL><CHRONIC PAIN PROGRAMS FOR  
PAIN>

**PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

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

**TMF SCREENING CRITERIA MANUAL**

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL  
LITERATURE**

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