Clear Resolutions Inc.

Notice of Independent Review Decision

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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 Overtuned (Agree in part/Disagree in part)

☐ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who was injured at work on X. X was at one of the stops, stacking up the cases. X went to pick up a case of wine when the bottom gave out and X used X left arm underneath and X right hand on the side while in an awkward position and then clutched the box close to X body to prevent the remaining product from falling out of the bottom. X continued to report high levels of pain in X neck and left shoulder. The diagnoses were (X) sprain of ligaments of cervical spine, initial encounter; (X) strain of muscle, fascia and tendon at neck level, initial encounter; (X) unspecified sprain of left shoulder joint, initial encounter and (X) strain unspecified of muscle/fascia and at shoulder/upper arm, left arm, initial encounter. Per a mental health re-evaluation dated X completed by X, MS, LPC, X was seen for re-evaluation to determine whether mental health factors were still inhibiting treatment benefit and ability to return to work in a complete capacity and to determine if X would benefit from a X. Regarding history of present injury, X stated the event which precipitated this pain occurred while X was unloading cases of liquor and wine. X was at one of the stops stacking up cases, X went to pick up a case of wine when the bottom gave out and X used X left arm underneath and X right hand on the side while in an awkward position and then clutched the box close to X body to prevent the remaining product from falling out of the bottom. X continued to report high levels of pain in X neck and left shoulder. X expressed awareness of feelings of depression and frustration. X also expressed concerns about X inability to get good sleep as X had difficulty in finding and maintaining a comfortable sleep position. X had been compliant with attendance and participation in X and saw the benefit of physical therapy and counseling. X exhibited symptoms of stress and anxiety during the course of the clinical interview. X effect was apprehensive, and X voice and demeanor reflected a high level of anxiety. On the Patient Health Questionnaire-9 (PHQ-9), X scored 10, indicating high-moderate depressive symptoms making it somewhat difficult to take care of things at home, get along with others, or complete daily life tasks. On the generalized anxiety disorder-7 (GAD-7), X scored 14, indicating high-moderate anxiety symptoms. On the Fear

Avoidance Belief Questionnaire (FABQ), X scored a high score (18/24) on the physical activity portion of the assessment and a maximum score (42/42) on the work portion of the assessment. On the pain impairment rating scale, X rated X pain 8/10 at its worst, 2/10 at its least, and 6/10 on an average. Mental status examination revealed X appeared stated age, was appropriately dressed and groomed. Psychomotor activity showed that the movements were somewhat stilted and stiff, activity level was reduced. Speech was normal, good volume and clear. X was cooperative and friendly. Mood was normal. The effect was anxious, apprehensive. There was no apparent evidence of a perceptual disorder or hallucinations. Thought content showed no evidence of a thought pattern that would suggest the presence of obsessive/compulsive traits, behaviors, delusions, phobias, or symptoms. Thought process showed there was no evidence of thought disorder. Thoughts were organized, goal directed, and coherent. X was alert and oriented to person, place, and situation. Intellectual functioning was average. Memory and concentration was within normal limits. Insight showed good understanding of problems, and fair coping skills. Judgment was good, X was able to understand facts. At that time, X was recommended for the X. X motivation was high; however, X had difficulty adjusting to X ongoing health situation. X was strongly recommended to attend X. Per a Functional Capacity Evaluation dated X completed by X, DO / X, DC, X was referred to reassess X ability to return to work and/or the need for additional rehabilitation. The history of injury revealed that X had related the onset to have occurred on X. X stated that while stacking up cases of glass bottles of alcohol, X lifted a box and the bottom came apart and became unstable so X pinched together the box with X left hand underneath and X right hand on the side while in an awkward position and then clutched the box close to X body to prevent the product from falling out of the bottom. X ongoing complaints included intermittent pain and tightness / stiffness in the neck. X reported the intensity of the pain to be 2-7/10. X also reported intermittent episodes of a pressure feeling in the back of the head. X stated that sitting without support, prolonged walking, moving the head / neck quickly, and activities associated with normal daily activities, would increase X overall pain level. X stated that supporting the head and massage would help to decrease X overall pain level. X also reported intermittent pain with certain movements in

the left shoulder. X reported the intensity of the pain to be 1-6/10. X stated that prolonged reaching out / above, lifting, and activities associated with normal daily activities, would increase X overall pain level. X stated that rest, ice, and massage would help to decrease X overall pain level. Physical examination revealed X was well developed, well-nourished. Radial, ulnar, posterior tibial and dorsal pedis pulses were normal bilaterally. Gait revealed no abnormalities. Well-healed portals as well as continued atrophy of the deltoid and infraspinatus was noted. Cervical spine and paraspinal musculature examination revealed moderate right paraspinal and scalene and hypertonicity with moderate myalgia of the same. Left shoulder and musculature examination revealed mild-to-moderate pain at the insertion of the rotator cuff and along the biceps tendon with moderate hypertonicity and myofascial pain of the upper trapezius and supraspinatus muscles. Deep tendon reflex testing showed biceps was 2+/4 bilaterally, brachioradialis was 2+/4 bilaterally, triceps was 1+/4 bilaterally. Sensory examination revealed light touch was clinically unremarkable at the time of the evaluation. Motor examination revealed a grade 4/5 strength rating involving cervical: left lateral flexion; and upper extremities: left shoulder flexion and abduction. On orthopedic examination, the cervical spine revealed Shoulder Depression was positive on the right for paraspinal and upper trapezius hypertonicity. Jackson's Compression test was positive bilaterally for facet loading pain. Left shoulder examination revealed Empty can test (supraspinatus) was positive for rotator cuff strain, Painful Arc test was positive for pain at the insertion of the rotator cuff and Speed's Test was positive for possible biceps tendon tear or tendinosis. The cervical spine active range of motion at flexion was 60 degrees, extension was 55 degrees, right lateral flexion was 39 degrees, left lateral flexion was 36 degrees, right rotation was 80 degrees and left rotation was 74 degrees. The left shoulder active range of motion at flexion was 144 degrees, extension was 50 degrees, abduction 168 degrees, adduction 45 degrees, internal rotation 72 degrees and external rotation was 76 degrees. The functional capacity evaluation results were as follows: X occupation was of a delivery driver. X occupation's job demand was Medium Physical Demand Level and at the time, X was performing as Light to Light-Medium Physical Demand Level as per NIOSH Standards. Functional capacity evaluation deficit analysis revealed X was capable

of performing at a Light to Light-Medium physical demand level involving the injured area(s) and continued to experience a moderate functional deficit as it related to meeting the standing (currently occasional versus frequent job requirement), bending (currently frequent vs constant job requirement), reaching out (frequent versus constant job requirement), kneeling (currently occasional versus frequent job requirement), crawling (currently occasional versus frequent job requirement), floor lifting (currently 35-40 pounds versus 50 pounds job requirement), floor to shoulder lifting (currently 20-25 pounds versus 50 pounds job requirement), floor to overhead lifting (currently 15-20 pounds versus 50 pounds job requirement), two hand carrying (currently 25-30 pounds versus 50 pounds job requirement), pushing (currently 40-50 pounds versus 50 pounds force required job requirement) and pulling (currently 40-45 pounds versus 50 pounds force required job requirement) job criteria as defined by the Dictionary of Occupational Titles and/or X Job Description Interview. It was noted that X had completed X with the following gains: reaching overhead (from occasional to frequent), reaching out (from occasional to frequent), climbing (from occasional to frequent) and floor to shoulder lifting (from 20-23 pounds to 20-25 pounds). X dated mental health evaluation revealed X indicating improved maladaptive fear avoidance behavior with physical activity but a slight increase with work activity. While X demonstrated significant improvement with the initial X; during the second X, X struggled with increased chronic pain with increased workload, which resulted in exacerbation of the mental barriers involved with X ability to return to work as well as the continued financial issues, family and social issues related to his work-related injury. This was evidenced by increased VAS with activities, unchanged lifting capacities, increased rate of perceived exertion and the increased maladaptive pain behavioral patterns noted above. Based on the results of this exam and considering the X dated mental health evaluation, they agreed with the recommendation of the mental health evaluation (MHE) that an X program would be appropriate for X as X met at least 3 of the 7 criteria for X as defined by the ODG and other methods of treating chronic pain had been unsuccessful and there were no other options for X that were anticipated to result in clinical improvement. The CPM program would allow time to address X continued moderate depression and increased anxiety while continuing to build

on X functional/physical gains. The X program would consist of the following elements/goals: X in order to address injury-related depression and anxiety as well as to promote active coping strategies, desensitize pain, desensitize fear of work-related activities to return back to work, motivate the patient on being less focused on pain and motivate towards returning to work. X motivation to return to work and significant progress X had made functionally, participation in this program was anticipated to result in further material recovery, return to work and maximum medical improvement. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, DC, the request for X was denied. Rationale: “ODG states that chronic pain management program is recommended where there is access to programs with proven successful outcomes (ie, decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery. Total treatment duration should generally not exceed 4 weeks (20 full-days or 160 hours), or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities. At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (eg, work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). In this case, the claimant has been approved for X program per claim review. The claimant was also treated with a X. The claimant has X, and there is no indication for continued X outside of the guideline recommendations. The claimant was also treated with X, and the guideline notes that neither re-enrollment in repetition of the same or similar rehabilitation is medically necessary. Thus, the request is not medically necessary.” X, Dr. X wrote an appeal letter for the denial of X, “Regarding the non-certification, the claimant has not previously been approved for X. This request was for X. Additionally, regarding participation in a CPM program, the ODG states: , " ... but prior participation in a X does not preclude an opportunity for X if otherwise indicated." In this particular case, X meets at least 3 of the 7 criteria for X as defined by the ODG and other methods of treating chronic pain have been unsuccessful and there are no other options for X that are anticipated to result in clinical

improvement. Therefore, the X is medically necessary and satisfies the ODG criteria for participation in the X and as such, we request an appeal and reconsideration for the X. Should you have any further questions or need clarification regarding this request, please feel free to contact our office." Per a reconsideration review adverse determination letter dated X by X, DC, the request for X was denied. Rationale: "ODG states that chronic pain management programs are recommended where there is access to programs with proven successful outcomes (ie, decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery. Total treatment duration should generally not exceed X, or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities. At the conclusion and subsequently. neither re-enrollment in repetition of the same or similar rehabilitation program (eg, work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). In this case, the claimant has completed X. Guideline does not support re-enrollment in similar rehabilitation programs and there is no evidence of exceptional factors noted to support this treatment outside the guideline recommendations. With the volume of X, there is no indication of a repeat of a X. The claimant is expected to be proficient with a home exercise program learned in prior work hardening program to address the chronic pain Thus, this request for X is not medically necessary. Thoroughly reviewed provided records including provider notes and peer reviews. While patient has completed X, they appear to still have chronic pain issues. They meet criteria cited for a X. X are not the same thing as X. 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. While patient has completed X, they appear to still have chronic pain issues. They meet criteria cited for a X. X are not the same thing as a X. Initial X is

medically necessary and certified.
Overturned

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**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**