True Resolutions Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586
Email: @trueresolutionsiro.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:

☒ 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, which was X. X had to X. At times, the door would hit X on X left shoulder. As a result of that, X developed pain in the left shoulder as well as numbness in the left hand and pain in the back of the arm. The diagnosis was left brachial plexopathy.

On X, X presented to X, MD, for follow-up evaluation. X stated that overall, X continued to do the same with some more pain because X had been rationing X medications because X had been losing all the appeals on X medications. Dr. X discussed with X that X had spoken with multiple physicians on peer review calls and always felt they understood why X was on medications and their benefit in X case. X was going to be filing IRO's on all the denials and asked if they could assist with that by writing how X needed the medications looking at the ODG guidelines. X continued with shoulder pain, and X pain level was about a X. X medications continued to help when X was able to take them, and X had no issues with them. X presented for refill of X medications with two refills, and then Dr. X would see X back in three months. Left shoulder examination was essentially unchanged as follows: There was X also noted in the left upper trapezius musculature. There was discomfort with X. There was X of the left shoulder. Left shoulder range of motion showed forward flexion of X degrees, abduction of X degrees, external rotation of X degrees, and internal rotation of X degrees. X still could not actively lift X arm above X. Motor examination revealed X. The assessment was left brachial plexopathy. X was to continue X home exercise program as previously instructed, and continue modified work release per X treating physicians. X was given a refill on X medications

with X refills each. Dr. X would review the denials on X medications and see if they could assist X in X IRO that X was going to do on X own to appeal these denials.

Treatment to date included X.

On X, X, FNP-C, wrote a letter as follows, “As X primary care provider for X years, I can attest X work-related shoulder injury in X, has made it difficult for X to function at work and home. As a result of the injury, X has chronic shoulder pain, numbness to X fingers, very limited use of X left arm, and neck spasms with activity. X had a X. X is a chronic condition and for X causes X. X make X an unreliable employee for health reasons. X allergies, and inability to smell gases, odors, including smoke, also make X a safety concern for many occupations. In addition, as a result of X’s physical condition and frustrating amount of time spent fighting for the care X needed, X mental health had also been affected. X had depression and difficulty sleeping which affected X ability to participate fully as a X. X was now X and had not worked in over X years. X opined that X should quality immediately for social security disability. X brachial plexus injury and resulting radicular pain, physical limitations, X, and other related problems prevented X from being a safe, reliable, hirable, effective employee.

In a letter of medical necessity for X on X, Dr. X documented that X suffered X. X original injury and symptoms connected to X workplace accident had been previously established by Dr. X and Dr. X, and affirmed by a CCH Order. The CCH order document indicated that X compensable injuries were X. Dr. X took over X care from Dr. X, and X rehabilitation center, after they declined to keep treating X in X, because X. Dr. X accepted X case based upon a X referral from LVN X, with X. X had acted as X treating physician organization since X. The X referral letter included a X letter of approval, for X. The letter from X indicated

that X peer review concluded that X order cited compensable injuries of X.

X advised that X Peer Review indicated that X prescriptions for X was deemed medically necessary. That all this was deemed to be reasonable and necessary per the order, and peer review, but that no further X. The letter also indicated that X prescribed to help X sleep despite pain, and X to help X with local pain, were not supported by ODG. Dr. X began to treat X quarterly starting X in good faith. After X quarterly visits, X C adjuster changed to X, who subsequently, per X report initiated another peer review. As a result of this peer review, payments to: X for all patients prescriptions, X for supplies related to the X had approved Dr. X prescribed to X, and mileage reimbursement requests were halted. Initially, per report of X, Adjuster X claimed that the patient's treating physician needed to change from X shoulder surgeon Dr. X, to Dr. X, or they would not approve further treatment or medications. X and Dr. X navigated the process for Dr. X to become X treating physician effective X, so X treatment could resume. Subsequent to Dr. X's becoming X treating physician, X reported that X representative X changed X refusal to pay, rationale (deemed based on latest peer review). Since the X and X peer review conclusions were both released after Dr. X had ceased to treat X and Dr. X was deceased, Dr. X was writing this Letter of Medical Necessity for X BRC use from X new capacity as X treating physician effective X. As X ongoing treating physician, Dr. X concurred with X predecessors Dr. X, Dr. X, and Dr. X opinions that X persistent ongoing X were still related to X mechanism of injury and compensable X. Dr. X further asserted that the injuries X sustained had not resolved as claimed in X peer review, as there was X. X continued to complain of suffering from X. Office testing confirmed that the X impaired X strength, range of motion, and utilization of X left arm. Dr. X could not confirm the X persistence, but opined that it was not uncommon for prolonged X to create a long-term X, and Dr. X treated X for that with a simple inexpensive X, due to X network's lack of a X. Per the X Peer Review

conclusion, X required ongoing pain management treatments. Dr. X agreed with previous treating doctors that X suffered from X. X concurred with all doctors who had sequentially treated X since X, that all X CCH order cited injuries persisted; none had resolved. Finally, Dr. X asserted that X that X was prescribing at the time for X injury symptoms were related to X original and CCH decision compensable injuries, and were medically necessary for X to sleep, function, minimize pain, and maintain highest possible level of activity, and quality of life, with X work injury caused disabilities. Further, the X peer review denied X pain X, were also medically necessary to treat symptoms and pain complications from X compensable brachial plexus injury, and should be approved resumed. Evidence was as follows: "X left shoulder testing continued to show all X original injury indications including sg tenderness to palpation, level X resting, escalating to X pain level with activity. With regard to shoulder range of motion, flexion was X degrees, extension X degrees, internal rotation X degrees, and external rotation only X degrees. There was significant weakness with resisted motion, and even with active range of motion against gravity, as well as scapular winging present. Physical assessment showed X. X for the upper body testing was extremely deficient, with zero ability to lift overhead, and muscle spasms, experienced if X manually positioned maintained left arm elevation above X waist. In conclusion, X was in maintenance mode, in the sense that insurance carrier would not allow any further treatment options for X, including denying payment for X, which Dr. X and Dr. X both prescribed. X reported the above help with exercise tolerance. In Dr. X's opinion, X would benefit from a BRC decision that the medications X treating doctors had prescribed since X, including X which helped X with pain, could be continued for treatment of X ongoing compensable injury symptoms. None of X CCH order cited compensable injures had resolved.

Per a request for reconsideration dated X, Dr. X documented, "I am in

receipt of a Peer Review by Dr. X dated X, as well as a Contested Case Hearing decision dated X, and a reconsideration letter by Dr. X, and finally a referral letter citing a X Peer Review from X, all of which I have had the opportunity to review. The Contested Case Hearing upheld the maximum medical improvement date clinically as of X with a X impairment rating. The decision indicated that the compensable injury extends to include a left-sided brachial plexus neurological injury IR rated at X, and X rated at X. The Peer Review with Dr. X indicates that the residual left shoulder pain complaints are related to the accepted injury. X opined that the patient receive quarterly followup visits for medication management; and approved that the medications include X. The reconsideration letter from Dr X concurs with my opinion that X's currently prescribed medications are medically necessary for X CCH decision determined Compensable injuries of X. Dr X recommended continued use of the X, and this is also recommended by Dr X, and myself. Based upon this, I would respectfully request a reconsideration of the adverse determination based upon a subsequent X peer review to discontinue all of patients medications, and all other treatment. • With respect to the X, the patient has ongoing complaints of musculoskeletal shoulder pain for which this is a X. • With regard to the X, there is an accepted X. While this is not addressed in the ODG, I agree with Dr. X that this is a reasonable treatment for this accepted condition and helps to manage X abdominal health and allow X to tolerate other medications. • With respect to the X, the patient does have an accepted X, which is an unresolvable X. X is considered a first-line agent for X. It has been well tolerated by the patient and shown to be significantly effective in X particular circumstance. • With regards to the X the patients pain level is still a X. X still wakes up at times throughout the night. The X has helped the patient go to sleep and stay asleep without pain medication. • With respect to the X they have helped after therapeutic exercise with left shoulder X. • With regards to the X: X incorporates technologies including. X help patients with X. The patient

compensable X causes has resulted in muscle atrophy from reduced Range of Motion and Pain while exercising. The X enables X to better tolerate exercise and activity. X reports better range of motion (ROM) and muscle strength while using the X. Supplies for X unit are a reasonable treatment for X accepted X condition pain, and to help X to tolerate activity and exercise. • Finally, regarding the X, this is a standard X. The patient has ongoing pain complaints regarding the mechanical nature of X shoulder. This is an excellent supplement to the X discussed earlier. This is also a X that has shown to be effective in this case and has assisted us in weaning X from narcotics and allows X to remain off of them chronically. Based upon the above, we respectfully request reconsideration of the adverse determination to stop approving these X with me for this patient. Thank you for your kind consideration. If I can offer any further clarification, please do not hesitate to contact me at my office."

Per a utilization review adverse determination letter dated X, and a peer review report by X, MD, dated X, the request for X – date of service X, was denied as not medically necessary. Rationale: "The request is not medically necessary. Within the documentation provided for review, the claimant is using X. This medication has helped the claimant go to sleep and stay asleep. However, guidelines do not support long-term use of this medication. It is unclear as to how long the claimant has been prescribed this medication. Therefore, X is not medically necessary."

Per a utilization review dated X, the request for X for dates of service X, and X, was noncertified by X, MD, with the following rationale: "According to guidelines, "X are not recommended (generally). Not recommended for long-term use, but recommended for short-term use." Given that this is not recommended, the X: X is non-certified. Therefore,

the retro request for X: X is non-certified." "According to guidelines, X are not recommended (generally). Not recommended for long-term use, but recommended for short-term use." Given that this is not recommended, the X: X is non-certified. Therefore, the X is non-certified."

Per a utilization review dated X, the request for X, was noncertified by X, MD, with the following rationale: "X. The treatment guidelines recommend this medication for short term use only typically up to X to X weeks during the first X months of an injury. The treatment guidelines discourages the use of this drug in a chronic timeframe such as the current setting. An alternative rationale or indication for continuing this medication is not apparent. Therefore, the request is not medically necessary and should be denied."

Per a reconsideration review adverse determination letter dated X, and a peer review report dated X, the appeal request for X, was denied by X, MD. Rationale: "According to guidelines, there is no quality evidence selective X are effective for the treatment or chronic persistent pain conditions. There is no quality evidence X are effective for treatment of chronic persistent pain conditions. However, X have evidence of efficacy for the treatment of X: otherwise, they have no evidence of efficacy for the treatment of chronic pain conditions. X are not invasive, have low to modest adverse effects, have no quality evidence of efficacy for the treatment of chronic persistent pain and no rationale for believing they may be effective, and so are not recommended for treatment of chronic persistent pain. They may still be indicated for the treatment of X. Given the lack of evidence of treatment for chronic persistent pain, the appeal request is non-certified. Therefore, the appeal request for X is upheld and non-certified." "According to guidelines, there is no quality evidence

X are effective for the treatment of chronic persistent pain conditions. There is no quality evidence X are effective for the treatment of chronic persistent pain conditions. However, X have evidence of efficacy for the treatment of X; otherwise, they have no evidence of efficacy for the treatment of chronic pain conditions. X are not invasive, have low to modest adverse effects, have no quality evidence of efficacy for the treatment of chronic persistent pain and no rationale for believing they may be effective, and so are not recommended for treatment of chronic persistent pain. They may still be indicated for the treatment of X. Given the lack of evidence of treatment for chronic persistent pain, the request is non-certified. Therefore, the appeal request for X is upheld and non-certified." "According to guidelines, there is no quality evidence X are effective for the treatment of chronic persistent pain conditions. There is no quality evidence X. X are effective for the treatment of chronic persistent pain conditions. However, X have evidence of efficacy for the treatment of X; otherwise, they have no evidence of efficacy for the treatment of chronic pain conditions. X are not invasive, have low to modest adverse effects, have no quality evidence of efficacy for the treatment of chronic persistent pain and no rationale for believing they may be effective, and so are not recommended for treatment of chronic persistent pain. They may still be indicated for the treatment of X. Given the lack of evidence of treatment for chronic persistent pain, the request is non-certified. Therefore, the appeal request for X is upheld and non-certified." "According to guidelines. there is no quality evidence selective X are effective for the treatment of chronic persistent pain conditions. There is no quality evidence X are effective for the treatment of chronic persistent pain conditions. However, X have evidence of efficacy for the treatment of X; otherwise, they have no evidence of efficacy for the treatment of chronic pain conditions X are not invasive, have low to modest adverse effects, have no quality evidence of efficacy for the treatment of chronic persistent pain and no rationale for believing they may be effective, and so are not recommended for treatment of chronic

persistent pain. They may still be indicated for the treatment of X. Given the lack of evidence of treatment for chronic persistent pain, the request is non-certified. Therefore, the appeal request for X is upheld and non-certified." "According to guidelines, there is no quality evidence X are effective for the treatment of chronic persistent pain conditions. There is no quality evidence X are effective for the treatment of chronic persistent pain conditions. However, X; otherwise, they have no evidence of efficacy for the treatment of chronic pain conditions. X are not invasive. have low to modest adverse effects, have no quality evidence of efficacy for the treatment of chronic persistent pain and no rationale for believing they may be effective, and so are not recommended for treatment of chronic persistent pain. They may still be indicated for the treatment of X. Given the lack of evidence of treatment for chronic persistent pain, the request is non-certified. Therefore, the X is upheld and non-certified."

Thoroughly reviewed provided records including provider notes and peer reviews.

The patient has chronic pain issues being treated with multiple medications. The pain causes the patient to have trouble with sleep, for which they have been taking medication for sleep. They have tried different medications before finding some success with X which is why further X is requested. While the cited guidelines may not recommend certain sleep medications for long term use, given the patient's refractory insomnia related to pain issues, the request is 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 chronic pain issues being treated with multiple medications. The pain causes the patient to have trouble with sleep, for which they have been taking medication for sleep. They have tried different medications before finding some success with X, which is why further X is requested. While the cited guidelines may not recommend certain sleep medications for long term use, given the patient's refractory insomnia related to pain issues, the request is warranted. 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:

☐ 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