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An Independent Review Organization
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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 who was injured on X. X was working as a X. The X dropped and X. The diagnoses were cervical sprain / strain and lumbar sprain / strain.

On X, X was evaluated by X, MD for X ongoing complaints. X was still complaining of neck and back pain. X had been denied. Pain was rated as X and X was unable to do more than X to X of X job. X had intermittent pain. Any kind of movement made X pain worse. Lying and sitting made it better. No new symptoms were noted. X was following the treatment plan, which was not helping. X was taking X. X had X. X was pending approval of a X because X had X denied. X had X. Examination showed X. X was X. X was noted at X. X was decreased by X to X. X and X were X. Dr. X stated that X had been denied, which had left them with no other option except X. A X had been done which were submitted for approval for X.

X presented to Dr. X on X for X ongoing complaints. X reported X felt about the same. Pain was rated as X and X was unable to do more than X to X of X job. X had intermittent pain. Any kind of movement made the pain worse. It was sitting or reclining that made the pain better. At the time, X was having pain in X shoulders. X was following the treatment plan, which was not really helping X. X had X without any improvement. X had not had any X. X did not wish to get any X. X had an X On examination, X was decreased by X. X was X. X was decreased by X. X was X. X were noted at X. X was not very eager to get X. X was recommended.

X had a behavioral evaluation by X, LPC / X, PhD / X, MD on X. X was referred by Dr. X who requested input regarding treatment planning, in particular whether referral for X would be appropriate at the time. Since the work-related injury, X X. X psychological symptoms appeared to be marked by the following: Insomnia, decreased appetite, sadness / down, frustration, decreased energy, inability to get pleasure out of life, increased sensitivity, became emotional more easily, decreased motivation, boredom, feelings of inadequacy, not able to relax, muscle tension, difficulties adjusting to injury, restlessness, nervousness / jittery / shaky and fear of re-injury. X reported during the interview that the primary location of X pain was in X lower back, and right and left shoulders. X reported X pain seemed worse in the morning and that X could barely move sometimes. Pain was described as constant, intermittent, sharp, dull, throbbing, and aching. X rated X pain as X on an average day. X reported that X pain at times could flare up to X on X worst days, and get

down to X on X best days. Activities that X reported increased pain included: movement, lifting, bending, household chores, and cooking. X reported that medication and sitting down helped to decrease X pain. X reported that the pain interfered in X life and a when X did movements X felt pain. X reported sleeping X hours per night and that X had difficulty falling asleep. X reported that X rests more than X walked in the daytime. X reported X was active about X minutes every three hours during the day. X reported doing some walking and light exercise daily. X reported that the more active X was, the more X pain seemed to increase. X reported that X was no longer able to socialize with friends, ride X bicycle, or walk in the park due to X work related injury. X reported that X biggest worry was "to get better". X appeared to be in pain during the interview and sat with a pillow to X back. X reported having difficulty managing X pain and experienced a great deal of interference with activities of daily living due to X pain and difficulties adjusting to X injury. X reported feelings of some depression and anxiety, which were secondary to the work related injury. X reported that X experienced symptoms of decreased motivation, feelings of inadequacy, and restlessness. X was also experiencing stress regarding the treatment process of X injury. X was under emotional distress and had many feelings that X had not expressed or explored. X had tried to remain as active and involved with X life; however, X was having difficulty coping with X pain and adjustment difficulties relating to X injury. Examination showed the Beck Depression Inventory II (BDI-II) score was X, within minimal range of the assessment; Beck Anxiety Inventory (BAI) score was X, within the mild range of the assessment; the Screener and Opioid Assessment for Patients in Pain-Revised (SOAPP-R) score was X, indicating a low risk for abuse of prescribed narcotic pain medications; and Fear Avoidance Beliefs Questionnaire (FABQ) score was X (high) on work scale and X (high) on activity scale. Mental status examination showed X. X affect was congruent to mood. The pain resulting from X injury had severely impacted normal functioning physically and interpersonally. X reported frustration and anger related to the pain and pain behavior, in addition to decreased ability to manage pain. Pain had resulted in high stress in all major life areas. X would benefit from a course of X. It would improve X ability to cope with pain, anxiety, frustration, and stressors, which appeared to be impacting X daily functioning. X should be treated daily in a X. As X had not been able to become stabilized enough to enhance coping mechanisms to more effectively manage pain and achieve success in rehabilitation, it was requested that X participate in X.

A Functional Capacity Evaluation was completed by X, PT on X to determine X tolerance to perform work tasks. X demonstrated the ability to perform X of the physical demands of X job as a X. Consistency of effort results obtained during testing indicated there were segmental inconsistencies resulting in mild sub-maximal effort. Reliability of pain results obtained during testing indicated pain could have been considered while making functional decisions. X demonstrated the ability to perform within the Light Physical Demand Category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles, which was below X jobs demand category. Based on sitting and standing abilities, X might be able to work full time within the functional abilities outlined in the report. It should be noted that X Job as a X was classified within the Medium Physical Demand Category. X lifted X pounds to below waist height; lifted X pounds to shoulder height and X pounds overhead. X carried X pounds. Pushing abilities were evaluated and X pulled X horizontal force pounds and pushed X horizontal force pounds respectively. Non-material handling testing indicated X demonstrated an occasional tolerance for above shoulder reach, bending, forward reaching, fine coordination, sustained kneeling, pinching, simple grasping and walking. X demonstrated the ability to perform dynamic balance, ladder/other and squatting with frequent tolerance. Sitting and standing were demonstrated on a constant basis. The functional activities X should avoid within a competitive work environment included firm grasping.

A CT scan of the thoracic spine dated X showed X. X was noted. There was X. An MRI of cervical spine dated X revealed at X. X was noted. An MRI of the lumbar spine dated X showed at X. At X was noted resulting in X. X was noted. There was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the X was denied by X, MD. Rationale: "Per the submitted documentation, the request for X is not warranted. Guidelines X. The injured worker had X. Their current physical demand level (PDL) was at light level while their work required them to have a medium PDL. They reported that the more active they were, the more their pain seems to increase. Their psychological assessment showed minimal depression as per their BDI-II score, mild anxiety as per their BAI score, and high fear avoidance as per their

FABQ score. They had difficulty falling asleep, no longer able to socialize, difficulty managing their pain, and difficulties adjusting to their injury. They have utilized treatments to manage their pain like X. They were vocationally motivated to return to their full duty and be physically and mentally capable of managing their pain. Although the injured worker had multiple body pain symptoms for X months, with no previous multidisciplinary pain rehabilitation on their affected area, with psychosocial sequelae of minimal depression, mild anxiety, and high fear avoidance, and with motivation to return to their work, the request is not medically necessary since they were unable to utilize other usual methods of treatment in alleviating their pain such as X. As per the cited guidelines, all underlying causes have been treated. Also, they did not have any psychological management for their psychological symptoms. As per the guidelines, an injured worker must have X. Thus, they were unable to meet all of the criteria needed for an initial X. Therefore, the prospective request for X is non-certified.”

Per a letter dated X, X / Dr. X / Dr. X appealed the denial of X participation in a X. The denial was based on the rationale that X has not utilized a X. In response to the denial rationale, “X)”, it was stated that “These therapies were cited as prerequisites for X approval. However, these modalities are not approved for coverage under Texas Workers' Compensation guidelines. As such, X has no opportunity to access these treatments, rendering their absence an invalid basis for denial.” Regarding X (X), it was stated that, “X was denied a X, and no other procedures have been authorized. The lack of X should not preclude X eligibility, as alternative pain management strategies are necessary given the restrictions on procedural interventions.” Regarding Surgery, it was stated that “X medical evaluation indicates that surgery is not required for X condition. The absence of surgical intervention is not a valid criterion for denying X, as it is not medically indicated.” X was at a Light Physical Demand Level (PDL) but required a Medium PDL to return to X role as a X. The X was critical to help X progress toward this goal. It was further stated that, “X meets the ODG criteria for a X, as X (X months post-injury) significantly impairs X function and quality of life. The X offers a X, to address X high fear avoidance, improve pain management, and facilitate a safe return to work. No alternative therapies are available to X under Texas Workers' Compensation, making the X only viable option for comprehensive treatment.”

Per a reconsideration review adverse determination letter dated X, the X was denied by X, DO. Rationale: "Upon review of the submitted records, it appears that the prior non-certification was appropriate. The cited guideline provided several criteria that must all be met prior to enrollment to a X, including the provision stating that the usual methods of treatment have not been successful in alleviating pain. In this case, the injured worker had complained of pain in their lumbar spine and bilateral shoulders that were constant, intermittent, sharp, dull, throbbing, and aching. They reported that any sort of movement worsened their pain, and this also hindered their ability in performing various activities and tasks. Their required physical demand level for their work was medium, but their current level was light. The injured worker also demonstrated high fear avoidance, minimal anxiety, and mild depression scores on their psychological examination. They also expressed a deep desire of returning to work and recover. So far, the injured worker had attempted physical therapy and used medications as forms of treatment. The healthcare provider submitted an appeal regarding the X. However, the request is still not within guideline recommendations, and it is still not medically necessary as again, not all available lower levels of care have yet to be fully exhausted. Before attempting a X. Also, the requested treatment has an unknown number of sessions. Given this, the appeal request for X is non-certified."

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the X was denied by X, MD. Rationale: "Per the submitted documentation, the request for X is not warranted. Guidelines support X. The injured worker had bilateral ribs, shoulders, and lumbar pains associated with decreased range of motion and strength, occasional tolerance to some of the non-material handling test, and avoidance with functional activities within a competitive work environment including firm grasping. Their current physical demand level (PDL) was at light level while their work required them to have a medium PDL. They reported that the more active they were, the more their pain seems to increase. Their psychological assessment showed minimal depression as per their BDI-II score, mild anxiety as per their BAI score, and high fear avoidance as per their FABQ score. They had difficulty falling asleep, no longer able to socialize, difficulty managing their pain, and difficulties adjusting to their injury. They have utilized treatments to

manage their pain like X. They were vocationally motivated to return to their full duty and be physically and mentally capable of managing their pain. Although the injured worker had multiple body pain symptoms for X months, with no previous multidisciplinary pain rehabilitation on their affected area, with psychosocial sequelae of minimal depression, mild anxiety, and high fear avoidance, and with motivation to return to their work, the request is not medically necessary since they were unable to utilize other usual methods of treatment in alleviating their pain such as X. As per the cited guidelines, all underlying causes have been treated. Also, they did not have any psychological management for their psychological symptoms. As per the guidelines, an injured worker must have no X. Thus, they were unable to meet all of the criteria needed for an X. Therefore, the X is non-certified.” Per a reconsideration review adverse determination letter dated X, the prospective request for X was denied by X, DO. Rationale: “Upon review of the submitted records, it appears that the prior non-certification was appropriate. The cited guideline provided several criteria that must all be met prior to enrollment to a X. In this case, the injured worker had complained of pain in their lumbar spine and bilateral shoulders that were constant, intermittent, sharp, dull, throbbing, and aching. They reported that any sort of movement worsened their pain, and this also hindered their ability in performing various activities and tasks. Their required physical demand level for their work was medium, but their current level was light. The injured worker also demonstrated high fear avoidance, minimal anxiety, and mild depression scores on their psychological examination. They also expressed a deep desire of returning to work and recover. So far, the injured worker had X. The healthcare provider submitted an appeal regarding the non-certified X. However, the request is still not within guideline recommendations, and it is still not medically necessary as again, not all available lower levels of care have yet to be fully exhausted. Before attempting a X. Also, the requested treatment has an unknown number of sessions. Given this, the appeal request for X is non-certified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There is documentation of completion of only X. The patient’s only current medication is X. X presents with minimal depression and mild anxiety. Functional capacity evaluation consistency of effort results obtained during testing there were segmental inconsistencies resulting in mild sub-maximal effort. X denies

past medical history and surgical history. Therefore, medical necessity is not established in accordance with current evidence based guidelines. 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:

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the prospective request X was denied by X, MD. Rationale: "Per the submitted documentation, the request for X is not warranted. Guidelines support X. The injured worker had X. Their current physical demand level (PDL) was at light level while their work required them to have a medium PDL. They reported that the more active they were, the more their pain seems to increase. Their psychological assessment showed minimal depression as per their BDI-II score, mild anxiety as per their BAI score, and high fear avoidance as per their FABQ score. They had difficulty falling asleep, no longer able to socialize, difficulty managing their pain, and difficulties adjusting to their injury. They have utilized treatments to manage their pain like X. They were vocationally motivated to return to their full duty and be physically and mentally capable of managing their pain. Although the injured worker had multiple body pain symptoms for X months, with no previous multidisciplinary pain rehabilitation on their affected area, with psychosocial sequelae of minimal depression, mild anxiety, and high fear avoidance, and with motivation to return to their work, the request is not medically necessary since they were unable to utilize other usual methods of treatment in alleviating their pain such as X. As per the cited guidelines, all underlying causes have been treated. Also, they did not have any psychological management for their psychological symptoms. As per the guidelines, an injured worker must have no untreated psychiatric illnesses prior to the X. Thus, they were unable to meet all of the criteria needed for an X. Therefore, the prospective request for X is non-certified." Per a reconsideration review adverse determination letter dated X, the prospective request for X was denied by X, DO. Rationale: "Upon review of the submitted records, it appears that the prior non-certification was appropriate. The cited guideline provided several criteria that must all be met prior to enrollment to a X, including the provision stating that the usual methods of treatment have not been successful in alleviating pain. In this case, the injured worker had complained of pain

in their lumbar spine and bilateral shoulders that were constant, intermittent, sharp, dull, throbbing, and aching. They reported that any sort of movement worsened their pain, and this also hindered their ability in performing various activities and tasks. Their required physical demand level for their work was medium, but their current level was light. The injured worker also demonstrated high fear avoidance, minimal anxiety, and mild depression scores on their psychological examination. They also expressed a deep desire of returning to work and recover. So far, the injured worker had X. The healthcare provider submitted an appeal regarding the non-certified X. However, the request is still not within guideline recommendations, and it is still not medically necessary as again, not all available lower levels of care have yet to be fully exhausted. Before attempting a X. Also, the requested treatment has an unknown number of sessions. Given this, the appeal request for X is non-certified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records X. There is documentation of completion of only X. The patient’s only current medication is X. X presents with minimal depression and mild anxiety. Functional capacity evaluation consistency of effort results obtained during testing there were X. X denies past medical history and surgical history. Therefore, medical necessity is not established in accordance with current evidence based guidelines. X is not medically necessary and non-certified.

Non-certified.

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