

P-IRO Inc.
An Independent Review Organization
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***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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X underwent a Functional Capacity Evaluation by X, CPT / Dr. X on X. Upon evaluation, X demonstrated the ability to perform within the light physical demand category based on definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles, which was below X job's demand category. Based on sitting and standing abilities, X may be able to work full-time within the functional abilities. It should be noted that X job as a X was classified within the Heavy Physical Demand Category. During the objective functional testing, X demonstrated consistent effort throughout X of this test, which would suggest X put forth full and consistent biomechanical and evidence-based effort during this evaluation. X reported a reliable pain rating X of the time, which would suggest that pain could have been considered a limiting factor during functional testing.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, the request is not warranted. The Official Disability Guidelines recommend X. In this case, the claimant demonstrates X. Functional capacity evaluation shows potential for full-time work within light duty, and there is no evidence that all standard treatments have been exhausted. The guidelines are not met, and the medical necessity is not established. Therefore, the request is recommended for non-certification."

An appeal letter was written by X, MA / X, PhD / X, MD on X, regarding approval

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of X for X. The reviewers determined that X was capable of performing light-duty work on a full-time basis. The denial overlooks critical aspects of the occupational requirements, medical history, and non-invasive nature of X. Dr. X respectfully requested a thorough review of X records and a reversal of the decision. X met the Official Disability Guidelines criteria for X. X had X. X had X. Requests for X have been denied. These efforts underscore that X. The reviewer's denial cites X ability to perform light-duty work full-time as grounds for rejection. However, this assessment did not align with X reality. Furthermore, the reviewer characterized the X as "X", which was a mischaracterization. The X, it was an intensive, multidisciplinary program designed to facilitate restoration and functional improvement through non-surgical means. X was an ideal candidate for X. The program incorporates physical conditioning to build strength and endurance tailored to X job demands. Cognitive behavioral therapy to equip X with pain management strategies. Vocational rehabilitation, if needed to explore skill development or job modifications. Participation in X holds strong potential for X to reach X functionality, manage X chronic pain effectively, and resume X role as a X. This aligns with ODG recommendations for patients who X. X was motivated to return to work and maximize X potential post-injury. Approving X would not only support X recovery, but also prevent long-term disability and associated costs.

Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines, this request is not certified. According to the ODG, a X is conditionally recommended when X. These risk factors include X. Eligibility also includes X. The level of care-outpatient or inpatient-depends on factors such as X. Importantly, the patient must not have X. In this case, the claimant sustained a work-related injury on X. X prior treatments included X. There is X. However, the claimant has recently demonstrated functional improvement, with objective findings on the functional capacity evaluation dated X indicating the ability to perform X of job demands and demonstrating X consistent effort, suggesting potential for further recovery through less intensive means. Furthermore, while the claimant X,

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Furthermore, there is no documented functional decline or worsening conditions. There is a prior adverse determination on X for the same request where the reviewer noted that X. X SOAPP-R score of X indicates a low risk for abuse. X Oswestry Low Back Disability score was X, indicating only moderate disability, which ODG suggests can be managed by conservative means. Questionnaire score was X, indicating only moderate disability, which ODG suggests can be managed by conservative means. There was no consistent evidence that all usual methods of treatment have been exhausted and proven unsuccessful. It still remained relevant that there are no exceptional factors or additional records were provided to overturn the previous non-certification / determination. Therefore, the prior non-certification is upheld.”

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 request for X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, the request is not warranted. The Official Disability Guidelines recommend X. In this case, the claimant demonstrates X of job physical demands, minimal depression (BDI X), low abuse risk (SDAPP-R X), and moderate disability (X that can be managed conservatively. Functional capacity evaluation shows potential for full-time work within light duty, and there is no evidence that all standard treatments have been exhausted. The guidelines are not met, and the medical necessity is not established. Therefore, the request is recommended for non-certification." Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines, this request is not certified. According to the ODG, a X is conditionally recommended X. These risk factors include X. Eligibility also includes X. The level of care-outpatient or inpatient-depends on factors such as X. Importantly, the patient must not have X. In this case, the claimant sustained a work-related injury on X. X prior treatments included X. There is X. However, the claimant has recently demonstrated functional improvement, with objective findings on the functional capacity

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evaluation dated X indicating the ability to perform X of job demands and demonstrating X consistent effort, suggesting potential for further recovery through less intensive means. Furthermore, while the claimant exhibits some psychological symptoms consistent with chronic pain, the Beck Depression Inventory II (BDI-II) score of X and Beck Anxiety Inventory (BAI) score of X indicate minimal depression and anxiety, which may not strongly support the medical necessity for X. Furthermore, there is no documented functional decline or worsening conditions. There is a prior adverse determination on X for the same request where the reviewer noted that X psychological evaluations do not consistently support the psychosocial risk factors required. X SOAPP-R score of X indicates a low risk for abuse. X Oswestry Low Back Disability score was X, indicating only moderate disability, which ODG suggests can be managed by conservative means. Questionnaire score was X, indicating only moderate disability, which ODG suggests can be managed by conservative means. There was no consistent evidence that all usual methods of treatment have been exhausted and proven unsuccessful. It still remained relevant that there are no exceptional factors or additional records were provided to overturn the previous non-certification / determination. Therefore, the prior non-certification is upheld." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. ODG notes that a X is conditionally recommended when X. These risk factors include X. Eligibility also includes X. The level of care-outpatient or inpatient-depends on factors such as complexity of the condition, inability to participate in outpatient settings, or the need for medication detoxification. Importantly, the patient must not have X. The submitted clinical records indicate that the patient has X. The patient presents with minimal depression and anxiety. There is no indication that the patient has attempted to return to work in any capacity. Recommend non-certification of the request. 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

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recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, the request is not warranted. The Official Disability Guidelines recommend X. In this case, the claimant demonstrates X of job physical demands, minimal depression (BDI X), low abuse risk (SDAPP-R X), and moderate disability (Oswestry X) that can be managed conservatively. Functional capacity evaluation shows potential for full-time work within light duty, and there is no evidence that all standard treatments have been exhausted. The guidelines are not met, and the medical necessity is not established. Therefore, the request is recommended for non-certification." Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines, this request is not certified. According to the ODG, a X is conditionally recommended when X. These risk factors include X. Eligibility also includes X. The level of care-outpatient or inpatient-depends on factors such as complexity of the condition, inability to participate in outpatient settings, or the need for medication detoxification. Importantly, the patient must not have X. In this case, the claimant sustained a work-related injury on X. X prior treatments included X. There is no evidence of X. However, the claimant has recently demonstrated functional improvement, with objective findings on the functional capacity evaluation dated X indicating the ability to perform X of job demands and demonstrating X consistent effort, suggesting potential for further recovery through less intensive means. Furthermore, while the claimant exhibits some psychological symptoms consistent with chronic pain, the Beck Depression Inventory II (BDI-II) score of X and Beck Anxiety Inventory (BAI) score of X indicate minimal depression and anxiety, which may not strongly support the medical necessity for X, Furthermore, there is no documented functional decline or worsening conditions. There is a prior adverse determination on X for the same request where the reviewer noted that X psychological evaluations do not

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consistently support the psychosocial risk factors required. X SOAPP-R score of X indicates a low risk for abuse. X Oswestry Low Back Disability score was X indicating only moderate disability, which ODG suggests can be managed by conservative means Questionnaire score was X, indicating only moderate disability, which ODG suggests can be managed by conservative means. There was no consistent evidence that all usual methods of treatment have been exhausted and proven unsuccessful. It still remained relevant that there are no exceptional factors or additional records were provided to overturn the previous non-certification / determination. Therefore, the prior non-certification is upheld." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. ODG notes that a X is conditionally recommended when X. These risk factors X. Eligibility also includes X. The level of care-outpatient or inpatient-depends on factors such as complexity of the condition, inability to participate in outpatient settings, or the need for medication detoxification. Importantly, the patient must not have X. The submitted clinical records indicate that the patient has X. The patient is not taking any current medications. The patient presents with minimal depression and anxiety. There is no indication that the patient has attempted to return to work in any capacity. Recommend non-certification of the request. 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)

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- 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