

**IRO Express Inc.**  
**An Independent Review Organization**  
**2131 N. Collins, #433409**  
**Arlington, TX 76011**  
**Phone: (682) 238-4976**  
**Fax: (888) 519-5107**  
**Email: @iroexpress.com**  
***Notice of Independent Review Decision***

**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

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X; Amendment X

---

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

- X

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

X who sustained an injury on X. X was X. The vehicle X. X lost consciousness for approximately X hours. X injured low back, neck, ribs, head, left wrist, and developed post traumatic stress disorder. The diagnoses included fracture of neck; unspecified injury of unspecified carotid artery; displaced fracture of base of other metacarpal bone; unspecified displaced fracture of first cervical vertebra; unspecified nondisplaced fracture of second cervical vertebra; multiple fractures of ribs, bilateral; unspecified injury of head; unspecified fracture of left wrist and hand; major depressive disorder, single episode; post traumatic stress disorder; other cervical disc displacement; other cervical displacement at X level; other cervical displacement at X level; and other cervical displacement at X level.

On X, X was seen by X, MD for neck pain, back pain, headaches, and memory issues. X reported that X headaches were stable, but occur frequently rated X at the time and X during episodes. The pain started in the back of X head and radiated down into X neck and lower back. X experienced neck pain that radiated from right to left and into X back, accompanied by weakness in X arms, numbness, and tingling in X hands. The back pain radiated into both legs, with numbness more pronounced in the left foot. X also described electric shock-like sensations in X left leg. Factors worsening X headaches included pressure, lifting, heat, and light exposure. Neck pain worsened with movement, turning side to side limiting X range of motion, and prolonged sitting, which made X head feel heavy on X neck. Back pain was exacerbated by activities such as standing, lifting, pushing, and sitting. X reported dizziness particularly after sitting for a while or lying down, which resolved after a short period. X also noted issues with short-term and long-term memory, stuttering, hesitating mid-sentence, and repeating X

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X; Amendment X

---

frequently. X had limited range of motion in X neck and experienced vertigo when lying down. On examination, X blood pressure was 140/90 mmHg and body mass index was 31.77 kg/m<sup>2</sup>. X was awake, alert, and oriented times X. X short-term memory was grossly intact. Hand grip showed mild weakness. Sensation was decreased to pinprick. Deep tendon reflexes were X and X. There were trace X. X gait was X. Range of motion was X. There was tenderness to X. X were X.

X was completed by X, LMSW / X, MS LPC-S on X. X maintained respectable attendance and was compliant with X treatment. Since beginning participation in the X, X had demonstrated substantial progress in multiple areas of recovery. X consistent attendance and engagement had resulted in reduced social isolation, improved self-confidence, and a marked increase in motivation. Prior to the program, X was largely self-isolated due to fear of being judged based on X current physical limitations and mobility challenges. Through X involvement in the X, X had shown noticeable improvement in mobility, a reduction in the severity of X physical symptoms, and greater emotional resilience. X had also developed supportive connections with other participants experiencing similar challenges, which had provided X with a sense of belonging and shared understanding that had enhanced X commitment to recovery. To the date, X had completed X days in the X and continued to maintain a positive and proactive mindset. X reported that the program had helped X establish a structured daily routine and set realistic activity goals that promoted progress in both physical and psychological well-being. Throughout treatment, X was engaged in processing the relationship between the mind and body, identifying negative thinking patterns and ineffective coping mechanisms that had interfered with X recovery in the past. X learned to incorporate passive modalities such as heat, ice, rest, and massage, along with holistic approaches like meditation, deep breathing, aromatherapy, painting, and listening to music. X found these strategies effective in reducing anxiety and managing stress. Additionally, X participation had helped X gain a better understanding of X workers' compensation claim and the medical treatment had received, as well as an appreciation for connecting with others who live with chronic pain. At the time X

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X; Amendment X

---

continued to experience financial and psychosocial stressors that required X. X received X. X at the time did not receive workers' compensation benefits and had applied for disability assistance. Emotionally, X had been working diligently to address symptoms related to X diagnosis of post-traumatic stress disorder (PTSD). Through the program, X had been able to open up about X experiences, identify triggers associated with anxiety and flashbacks, and recognize how those issues contribute to disrupted sleep and emotional distress. On examination, X patient pain drawing score was X indicating moderate pain; pain experience scale score was X indicating moderate amount of emotional distress; McGill pain Questionnaire score was X indicating normal pain episodes; Neck pain disability index Questionnaire score was X indicating moderate level of disability; Revised Oswestry Low Back pain disability Questionnaire score was X indicating severe level of perceived X; Fear Avoidance Belief Questionnaire Score was X on physical subscale and X on work sub scale indicating elevated levels of avoidance and fear; Beck Anxiety Inventory score was X suggesting moderate anxiety; Beck Depression Inventory score was X indicating moderate depression; Sleep Questionnaire score was X indicating serious sleep disturbances; and X score was X which was quite a bit above the cut-off point of X. It was noted that the next treatment phase would focus on reinforcing the coping skills X had developed, helping X process trauma-related triggers, and further improving X ability to manage stress and regulate emotions. Vocationally, X had not yet returned to work. X had expressed uncertainty about resuming X previous position, which required functioning at a medium physical demand level, as X current physical demand level was categorized as light. Although, X originally planned to continue working until age X, X at the time felt uncertain about what employment opportunities would align with X physical limitations. The X would continue to support X through coordination with X to explore appropriate vocational options. X would also continue to work on developing assertiveness and confidence to pursue occupational and educational goals within X ongoing capabilities. In the next phase of X rehabilitation, X would begin X, having already completed the X. Neurofeedback was designed to train the brain to self-regulate its activity, which may help reduce symptoms such as hyperarousal, nightmares, flashbacks, and

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X; Amendment X

---

dissociation. X remained highly motivated, attended the program consistently, and continued to make measurable progress toward X recovery goals. The treatment team strongly recommended an X participation to continue advancing X. With continued engagement, X was expected to further strengthen X physical conditioning, improve emotional regulation, and increase readiness for gainful employment within X capabilities. The X would also provide ongoing support as X continued to address fears related to physical functioning, build confidence in X recovery, and develop the tools necessary to achieve lasting stability and independence.

X dated X by X., DC documented that X completed all recommended X. X aggravating factors included daily living activities of push, pull, grip, lift, and carry. X was limited with sitting, standing, walking, and climbing. X was not working. X helped to decrease some of X overall pain and discomfort. X completed X hours of X and reported X improvement in function, strength, and endurance. X reported X improvement in psychological stressors. X stated that X believed X improvement had been slow but further improvement was possible with X. X stated that X had made substantial improvement with socially interacting with others. X floor level lifting capacity was X pounds, with limitations and a moderate increase pain to the lower back. X shoulder level lifting capacity was X pounds, with limitations and increase in complaints. X overhead level lifting capacity was X pounds, with limitations of increase pain in the cervical spine. X performed reaching at the waist to shoulder level for X minutes with an increase in symptoms. X could push at a maximum force of X pounds for X feet, with limitations. In addition, X could pull a maximum force of X pounds for X feet, with moderation limitations. X was able to walk for X minutes, sit for X minutes, and stand for X minutes with moderate limitations of pain and fatigue. Based on MVE and isometric protocols, X efforts during physical performance testing were valid. X was at the time overall functioning in the light category of work, according to the dictionary of Occupational Titles, U.S. Dept. of Labor, X. The recommendation for X would be to continue X treatment protocol as suggested by ODG guideline. The objective would be to improve X body mechanics, increasing overall

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X; Amendment X

---

endurance, strength, range of motion, and decrease pain and pain medication. X would benefit from an X. The program would help to decrease pain, pain medication, and increase awareness of coping skills. The program would continue to build strength and reduce fear of tasks that might exacerbate X symptoms along with helping overcome with any psychological issues resulting from X injury.

An MRI of the cervical spine on X showed X. At X. At X, a X mm left X. There was moderate narrowing of the X noted. MRI of the lumbar spine dated X showed X. There was X. An MRI of the brain on X identified X. The brainstem was grossly X. The X was X. The X were remarkable for an area of X. The lesion was well-circumscribed and appeared to be X. The lesion was X. It could represent a X.

Treatment to date included X.

Per the utilization review by X, MD, DC on X, the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This claimant was injured on X. The claimant reached X. The claimant completed X and only reached sedentary to light PDL with lifting ability of X pounds overhead and only X pounds from floor on X and only X pounds overhead and X pounds from floor by X, which is still only full sedentary and below full light PDL conforming no significant improvement in physical demand abilities. Given the lack of efficacy from X and given statutory MMI, there is no medical necessity for X."

As per response to dental letter dated X by X, MS, they understood that X had completed X so far, and in this next treatment phase, X. In the report dated X, vocationally, X had expressed uncertainty about resuming X previous position, which required functioning at a medium physical demand level, as X current physical demand level categorized as light. Although, X originally planned to continue working until age X, X at the time felt uncertain about what

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X; Amendment X

---

employment opportunities would align with X physical limitation. The X would continue to support X through X. The program would emphasize the importance of psychological functioning. The treatment plan would incorporate components of exercise progression with disability management and psychosocial intervention. The request of X met the ODG regarding evidence of demonstrated progress prior to further requested treatment. The use of objective and subjective scoring would also be implemented to chart response to treatment intervention.

Per the utilization review by X, DO on X, the request for X was non-certified. Rationale: "Based on the clinical Information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The claimant completed X recently and only reached sedentary to light PDL with lifting ability of X pounds overhead and only X pounds from floor on X and only X pounds overhead and X pounds from floor by X, which is still only full sedentary and below full light PDL confirming no significant improvement in physical demand abilities. No new objective Information was received that will result in an overturn. No exceptional factors are identified at this time. Therefore, the appeal request for X is noncertified."

### **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: X is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that, "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This claimant was injured on X. The claimant reached X. The claimant completed X and only reached sedentary to light PDL with lifting ability of X pounds overhead and only X pounds from floor on X and only X pounds overhead and X pounds from floor by X, which is still only full sedentary and below full light PDL conforming no

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X; Amendment X

---

significant improvement in physical demand abilities. Given the lack of efficacy from X, there is no medical necessity for X in this context.” The denial was upheld on appeal noting that, ““Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The claimant X recently and only reached sedentary to light PDL with lifting ability of X pounds overhead and only X pounds from floor on X and only X pounds overhead and X pounds from floor by X, which is still only full sedentary and below full light PDL confirming no significant improvement in physical demand abilities. No new objective information was received that will result in an overturn. No exceptional factors are identified at this time. Therefore, the appeal request for X is noncertified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Guidelines note that for continued treatment in a X. The submitted clinical records document completion of X. Despite this program, the patient was only able to reach the sedentary to light physical demand level. From evaluation on X to re-evaluation on X, the patient only increased lifting ability overhead from X to X pounds and from floor from X to X pounds. Pain level only changed from X to X. Given the lack of significant improvement with X is non-certified. X is not medically necessary and non-certified.

Non-certified.

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: X

Date of Notice: X; Amendment X

---

### **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