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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 asked to X. The diagnosis was unspecified rotator cuff tear or rupture of right shoulder and strain of muscle, fascia, and tendon of lower

back.

Functional capacity evaluation dated X by X X-CPT, X completed the FCE with limiting factors: limited range of motion, sensation, inadequate strength, loss of balance, safety concern, evaluator stopped, and client terminated limiting factors noted during testing. X demonstrated consistent effort throughout X of this test which would suggest that X put forth full and consistent biomechanical and evidence based effort during this evaluation. During this evaluation, X was unable to achieve X of the physical demands of X job / occupation. Throughout objective functional testing, X reported reliable pain ratings X of the time which would suggest that pain could have been considered a limiting factor during functional testing. The limiting factor(s) noted during these objective functional tests included: Increased pain, compensatory techniques, inadequate strength, and safety concern. X terminated, evaluator stopped, general fatigue, limited range of motion, sensation and loss of balance. X blood pressure was 145/92 mmHg. The pain was rated X. X demonstrated the ability to perform within the SEDENTARY Physical Demand Category based on the definitions developed by the X, which was below X jobs demand category. Based on sitting and standing abilities, X may be able to work full time within the functional abilities outlined in this report It should be noted that X job as a X is classified within the X.

Behavioral evaluation was completed on X by X, MA, LPC / X, PhD, LPC-S, X, MD for request for X. Since the work-related injury, X psychophysiological condition had been preventing X from acquiring the level of stability needed to adjust to the injury, manage more effective the pain, and improve X level of functioning. On examination, X Beck Depression Inventory II score was X (moderate depression); the Beck Anxiety Inventory score was X (moderate anxiety); the screener and opioid assessment for patient in pain-revised (SOAPP-R) score was X (low risk for abuse of prescribed narcotic pain medications); fear avoidance belief questionnaire score was for work scale was X (high) and activity scale was X (high). Mental status examination revealed X. X walked with the X. It was summarized that 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 decrease ability to manage pain. Pain had reported high stress resulting in all major life areas. X would benefit from a X. It would improve X ability to cope with pain, anxiety, frustration, and stressors, which appear to be impacting X daily functioning. X should

be X. The program was staffed with X. The program consisted of, but was not limited to daily X. Those intensive services would address the X.

X was seen by X, MD on X for right shoulder pain, neck pain, and low back pain. The pain was constant. Everything made the pain worse, nothing made it better. X for right shoulder was making X pain more. X was unable to do X job at the point in time. Musculoskeletal examination revealed X. Flexion, extension, rotation of lumbosacral spine decreased X to X in all planes. Motor strength was X in the lower extremities. Paravertebral spasms were noted over X and X. Straight leg raise was X. Cervical range of motion showed decreased flexion, extension, and rotation by X to X in all planes with paravertebral spasms at X and X bilaterally. Motor strength was grossly intact in the upper extremities. Range of motion of X right shoulder was limited. X was in no condition to return to work because of X neck and low back pain and insufficient rehabilitation of X shoulder. X was pending approval.

On X, X visited Dr. X for a follow-up. X felt exactly the same with severe pain in X upper extremity on the right as well as X neck and X back. Any kind of activity made the pain worse, and nothing made it better following the treatment plan, but it was not helping. X was on X same X for pain. X could not do X full-time duty. X had X. Recently Dr. X stopped X to shoulder because of severe pain and emergency room visit. On examination, X walked with revealed X. Range of motion in flexion, extension, and rotation of lumbosacral spine was decreased X to X in all planes. Straight leg raise was X bilaterally. Motor strength was X in the lower extremities. X Paravertebral spasms were noted over X and X... Motor strength and sensory were X. Cervical spine examination revealed X. It was believed that X would restore X function and allow X getting as close to MMI as possible.

An MRI of the right shoulder dated X showed X. An MRI of the lumbar spine on X revealed X; at X, X. At X, X; at X, X. At X, X. At X, X. CT scan of the head on X identified X. MRI of the cervical spine dated X showed X. There was X. At X, X. At X, X. At X, X. At X, X.

Treatment to date included X.

Per the utilization review adverse determination letter dated X, the prospective request for X was denied by X, MD. Rationale: “Based on the submitted

documentation, the request for X is not warranted. According to Official Disability Guidelines (ODG), X is conditionally recommended only after X. While the claimant demonstrates several chronicity risk factors, including depression, anxiety, fear avoidance beliefs, and deconditioning. The current medical records show that key physical conditions have not yet been fully treated or medically optimized. The claimant has documented cervical, lumbar, and right shoulder pathology with ongoing symptoms, including severe pain, restricted range of motion, radicular complaints, and functional limitations. Notably, requests for X were denied, and the claimant has X. Therefore, the X. The guidelines further specify that X is intended for X. In this case, the functional capacity evaluation (FCE) demonstrates severe functional impairment, pain rated at X, markedly restricted lumbar and shoulder range of motion, X straight leg raise testing, balance deficits, and safety concerns. The claimant was unable to meet X of job-related physical demands and demonstrated a sedentary physical demand level, significantly below their X classification. These findings suggest that the claimant has not yet attained sufficient physical stability to benefit from a X. Additionally, the ODG requires that the claimant has X. The claimant continues to experience significant uncontrolled pain, sleep disruption (X hours per night), reliance on a X due to X. While the behavioral evaluation confirms moderate depression and anxiety related to the work injury, these psychological factors appear to be secondary to ongoing physical pain and functional decline, rather than independent drivers of disability at this stage. Given that the claimant has not X, has unresolved physical impairments with high pain levels, and has not yet reached a level of medical or functional stabilization required by ODG, the request for X is premature and not medically necessary at this time. The guidelines support prioritization of X. Therefore, the request for X is non-certified."

Per the reconsideration review adverse determination letter dated X, the appeal request for the prospective request for X was denied by X, MD. Rationale: "The request is not supported based on the submitted documentation. The Official Disability Guidelines recommend X. All underlying causes must be X. In this case, the healthcare provider submitted an appeal regarding the non-certified X on X under review X. The request was originally denied because not X. In the appeal, the provider acknowledged the X. The appeal asserted that the X was medically necessary to address the claimant s persistent high pain levels, significant functional impairments, and psychological distress. Prior treatments have included X on X, use of a X, denied X and denied X. Behavioral and psychological evaluations documented

severe pain complaints, moderate depression and anxiety, elevated fear-avoidance beliefs, sleep disturbances, and substantial interference with activities of daily living. The provider stated that the X was necessary to improve physical and emotional functioning, mobility, coping skills, and overall quality of life. However, the request remains outside guideline recommendations and is not considered medically necessary, as not all available lower levels of care have been attempted or exhausted. While X were denied, there were X. Furthermore, although the claimant demonstrates psychological symptoms including moderate depression, moderate anxiety, and elevated fear-avoidance behaviors, there were no evidence of targeted interventions initially attempted to address these issues. Prior to X, it is essential that all appropriate treatment avenues be attempted. This approach supports cost effective care and helps prevent unnecessary interventions that could further contribute to physical and emotional strain for the claimant. No extenuating circumstances were identified to justify deviation from guideline recommendations. Therefore, the appeal for the prospective request for X is non-certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Per Official Disability Guidelines, X, "All underlying causes have been assessed and treated" and "usual methods of treatment have not been successful," In this case, the patient demonstrated persistent severe pain, functional decline, and psychosocial risk factors (moderate depression, anxiety, and high fear-avoidance beliefs), which are consistent with criteria related to chronic pain and risk of chronicity. However, the record shows that key underlying conditions have not been fully treated, as evidenced by X. This does not meet the requirement that all underlying causes be adequately treated prior to initiation of a X. The Functional Capacity Evaluation documented sedentary capacity, safety concerns, balance deficits, and inability to meet job demands, along with ongoing high pain levels (X), supporting that the patient has not achieved the level of medical or functional stabilization necessary to X. Additionally, ODG requires that X. Although some treatments were attempted (X), the documentation reflects that reasonable and indicated X remain incomplete, rather than X. Given that X, the request for X is not medically necessary and determination is upheld.

Upheld.

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