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IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a X for review of X.

On X, a Complete Evaluation/ Intake Psychiatrist Note was completed by X, MD. The claimant was diagnosed with depression and post-traumatic stress disorder X. They endorsed recurrent, involuntary and distressing memories of the traumatic event. Significant findings on exams noted that the patient appeared sad and anxious. They denied suicidal ideas or intentions. Their suicide and violence risks were considered very low or absent. The risks, benefits, and potential side effects of treatment options were discussed. Their medication regiment included X. They were recommended to return in X month or earlier if needed.

On X, a Progress Note was completed by X, MD. The claimant's X was not approved by worker's compensation. They endorsed persistent insomnia and nightmares.

On X, X, X, Progress Notes were completed by X, MD. The claimant's behavior had been stable and uneventful. They denied any psychiatric problems or symptoms. They have not had side effects from their medications. On exams, they were noted to have a X. Speech, behavior, thoughts, cognitive function, memory, and orientation were normal/appropriate, and their insight and judgment were intact. Suicidal ideas were denied.

On X, a Progress Note was completed by X. The patient had an evaluation for mental status and appropriate psychopharmacological intervention. Their symptoms of PTSD such as recurrent dreams of traumatic events have decreased, as well as feelings of detachment or alienation from others. However, they did not feel support after their injuries and had restricted range of affect (e.g. inability to trust) and irritability/outburst of anger. On exams, they appeared glum, guarded, disheveled, and unhappy. They had a depressed mood and constricted affect.

On X, a Progress Note was completed by X. The claimant's subjective symptoms of depression and anxiety were similar in frequency and intensity from prior visits. On exams, they appeared glum and showed signs of mild depression and anxiety.

On X, a Progress Note was completed by X. The claimant's subjective symptoms of depression and anxiety were similar in frequency and intensity from prior visits. They endorsed hypervigilance and distraction as well as frustration on worker's compensation regarding their impairment rating. On exams, they were noted to have a depressed mood and constricted affect. X were provided.

On X, a Progress Note was completed by X. The claimant endorsed getting a little anxious. Symptoms of PTSD were still present, and they endorsed recurrent recollections of the traumatic event as well as feelings of detachment or alienation from others and difficulty concentrating. The patient appeared guarded and tense. Facial expression and general demeanor revealed a depressed mood. They showed signs of anxiety and were easily distracted. Frequent monitoring was recommended due to their diagnosis and progress of disorder.

On X, a Progress Note was completed by X. The claimant reported that they X. They appeared guarded and tense. They showed signs of mild depression and anxiety and were easily distracted.

On X, a Progress Note was completed by X. The claimant endorsed no changes in symptoms. They appeared flat, guarded, distracted, minimally communicative, and unhappy. They had a depressed mood, constricted affect, and signs of anxiety. They were easily distracted.

On X, a Progress Note was completed by X. The claimant endorsed decreased symptom frequency/intensity. Since using a X. On exams, they appeared calm, attentive, and relaxed. Mood, affect, speech, behavior, thoughts, cognitive function, memory, and orientation were normal/appropriate, and their insight and judgment were intact. Suicidal ideas were denied.

On X, a Progress Note was completed by X. The claimant endorsed taking X. On exams, they appeared calm, attentive, communicative, but tense. Mood, affect, speech, behavior, thoughts, cognitive function, memory, and orientation were normal/appropriate, and their insight and judgment were intact. Suicidal ideas were denied.

On X, a Progress Note was completed by X. The claimant endorsed a change in insurance carrier. They appeared calm, attentive, communicative, and relaxed. Mood, affect, speech, behavior, thoughts, cognitive function, memory, and orientation were normal/appropriate, and their insight and judgment were intact. Suicidal ideas were denied.

On X, a Progress Note was completed by X. The claimant endorsed that they decided to X. They had no changes in symptoms but stated they had less stress. They appeared guarded, tense and anxious. They showed a depressed mood and signs of anxiety. They were easily distracted.

On X, a Pre-Authorization Request was completed by X. A request for X was submitted.

On X, an Initial Adverse Determination Letter was completed by X. The request for X has been denied. The claimant's history did not show number of X. The records showed that the claimant's symptoms continued and remained unchanged.

On X, a Progress Note was completed by X. The claimant endorsed frustration with the bureaucratic impediments to their care. Their symptoms of anxiety have increased in frequency or intensity. They reported apprehension, episodes of motor restlessness associated with anxiety, symptoms of panic disorder (including a history of panic attacks), concerns of having additional attacks (lasted more than a X with significant changes in behavior), abrupt surge of intense fear or physical discomfort (reaching a peak within a few minutes), depression, excessive worrying, and feelings of hopelessness. Their relationships with family and friends were reduced and they have had some outbursts/expressions of anger. Their sleep was not continuous and not completely restful. They appeared guarded, unhappy and anxious. They showed poor eye contact, restlessness, distraction, depressed mood, and signs of anxiety.

On X, a Reconsideration Adverse Determination Letter was completed by X. The denial of coverage for X has been upheld. While X may be necessary, there was a lack of objective functional gains from the X received by the claimant to justify further X. The X requested was deemed excessive and partial approval is not permitted in the state jurisdiction.

On X, a Request for IRO Review was completed by X.

On X, a Notice of Case Assignment was completed by Texas Department of Insurance. The case review was assigned to ProPeer.

An undated Appeal Letter was completed. The claimant stated that PTSD duration in adults varies due to influencing factors such as severity, multiple traumas, co-occurring conditions, depression, chronic pain, and

other health issues that can prolong recovery. While PTSD improves with treatment for many adults, some symptoms can last years and even decades if trauma is severe. According to the patient, they felt less stress since they decided to X. However, the environment, sound, uneasy feeling continued to be unbearable and have affected their mental health. They remained hypervigilant and reacted to loud noises, anxious and depressed at times, and felt tension on their shoulders. Although they have had X, they believe that they could benefit from X that their provider has requested.

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

In this case, the patient was diagnosed with PTSD and depression after sustaining X. An initial psychiatric evaluation on X documented intrusive traumatic memories, anxiety, depressed mood, insomnia, and nightmares. Over the following months, the patient's symptoms fluctuated with periods of stability and normal mental status examinations, along with ongoing PTSD manifestations including hypervigilance, trauma related flashbacks, irritability, anxiety, sleep disturbance, and feelings of detachment. Throughout the treatment, the claimant consistently denied suicidal ideation. From X through early X, they continued X. Mental status examinations during treatments frequently showed intact cognition, judgment, insight, and orientation, although affect sometimes showed depressed mood, anxiety, guardedness, and distractibility.

Their provider requested an X. However, coverage was denied and upheld on appeal due to a X requested. The most frequent progress note from X state, though the patient continues to have persistent and distressing symptoms, they have become less frequent and intense over time. The progress notes also note in that visit, patient reporting worsening anxiety, panic symptoms, depression, and frustration related to workers' compensation proceedings.

The claimant is appealing and has requested an independent review. They stated that PTSD duration in adults varies due to influencing factors such as severity, multiple traumas, co-occurring conditions, depression, chronic pain, and other health issues that can prolong recovery. While PTSD improves with treatment for many adults, some symptoms can last for years or even decades if the trauma is severe. Since they decided to X, they felt less stress, but the environment, sound, and uneasy feeling continued to be unbearable and have affected their mental health in their daily life. They remained hypervigilant, reacted to loud noises, and continue to report anxiety and depression symptoms, along with muscle tension related to anxiety in their shoulders. Although they have had X that their provider has requested.

The additional medical records submitted for review do support the request for an X. According to ODG, X for PTSD is only recommended when there is objective evidence of continued functional improvement or measurable progress toward treatment goals for up to X. The most recent progress notes from X state that, although the patient continues to have persistent and distressing symptoms, they have become less frequent and intense over time. The patient was documented to be actively attending and engaging in the treatment process and was described to have good medication adherence as well. The patient also notes X willingness to continue with X within X appeal letter. As such, the request for X is considered medically necessary.

SOURCE OF REVIEW CRITERIA:

- ☐ ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase
- ☐ AHRQ – Agency for Healthcare Research & Quality Guidelines
- ☐ DWC – Division of Workers' Compensation Policies or Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☐ Medical Judgment, Clinical Experience, and Expertise in Accordance with Accepted Medical Standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG- Official Disability Guidelines & Treatment Guidelines

☐ Presley Reed, the Medical Disability Advisor
☐ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
☐ TMF Screening Criteria Manual
☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a Description)
☒ Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

ODG- Official Disability Guidelines & Treatment Guidelines

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part