

P&S Network, Inc.

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DATE OF REVIEW: April 21, 2008

IRO CASE #:

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a psychiatrist, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Mental Health Evaluation

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were not provided to the IRO.
- o May 21, 2007 Radiographic report, chest and cervical spine
- o May 21, 2007 Imaging reports, cervical and lumbar myelograms and post CT scans
- o July 19, 2007 Independent Medical Evaluation report of, M.D., P.A.
- o October 1, 2007 Follow-up report of Dr.
- o January 17, 2008 Follow-up report of Dr. with recommendation for pain management
- o January 17, 2008 Office visit notes of Dr.
- o February 27, 2008 Follow-up report of Dr. with request for pain management
- o February 27, 2008 Office visit notes of Dr. with request for pain management
- o March 13, 2008 Request for reconsideration for preauthorization, mental health evaluation
- o March 18, 2008 Reviewer note regarding peer-to-peer talk with Dr.
- o March 19, 2008 Denial of request for reconsideration, mental health evaluation
- o March 25, 2008 Request for reconsideration, psychiatric evaluation
- o March 27, 2008 Denial of appeal for reconsideration, mental health evaluation
- o April 8, 2008 Request for IRO

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews, the patient is a xx-year-old employee who sustained an industrial injury to the head, neck, and shoulders when a coworker knocked a piece of angle iron off the level above him, which struck his head and back on xx.xx.xx. Injuries were claimed to the head, neck, thoracic spine and left shoulder. Per adjudication of dispute decision, the low back and depression are not part of the compensable injury.

Radiographs performed May 21, 2007 of the cervical spine show moderately severe canal stenosis from C2-3 through C6-7. Cervical myelogram of the same date shows an osteophytic ridge from C2-C3 through C6-C7. At C6-C7 the ridge slightly compresses the cervical cord. CT scan of the same date shows multilevel neural foraminal stenosis.

The patient was determined to be at Maximum Medical Improvement on January 23, 2007. IME opinions were provided on July 19, 2007. At the IME, the patient reported headaches and numbness and paresthesias in both hands. Medications included

Xanax, Soma, Lorcet, oxaprozin, Lyrica and mirtazapine.

The physical examination was unremarkable. Two positive Waddell signs were noted. The diagnosis was determined to be contusion of the scalp, cervical strain and lumbar strain. No additional treatment was deemed necessary. It was recommended to wean medications of alprazolam (Xanax) and hydrocodone over a 3 month period and to terminate the other medications immediately. No additional treatment would be necessary.

Per a follow-up report of October 1, 2007, the patient reported his neck pain, headache, left shoulder pain and back pain was worsening and there was numbness and tingling in the bilateral hands and dorsum of his feet. Physical examination was limited to palpation findings of tenderness. Recommendation was for orthopedic evaluation and referral to pain specialist.

Per a follow-up report of January 17, 2008, the patient has insomnia and erectile dysfunction. His medications include Daypro 600 mg 2x/day, Soma 350 mg 4x/day, Xanax 2 mg every 8 hours, Lortab 10 mg every 6 hours and Cialis as needed.

On February 27, 2008, a follow-up report notes that the patient was out of Xanax for several days because he took more than he was prescribed. A pain management program was recommended to reduce stress, teach coping skills and to improve functional performance and return to work capacity.

A request was made for a psychiatric evaluation which was denied in review. On March 13, 2008 a request was made for reconsideration of a psychiatric evaluation.

Request for reconsideration of a psychological evaluation was not certified on March 19, 2008 with rationale that the patient was previously provided a mental health evaluation and counseling to assist with pain management coping strategies. IME opinion states no additional treatment is needed. The patient has been at MMI for many months and the medical records failed to note any substantial change in his condition. In a per-to-peer discussion, the provider stated concern that the patient had not weaned medications as recommended by the IME and there was a potential for addiction.

On March 25, 2008 request for appeal for a psychiatric evaluation was made.

Peer-to-peer call notes of March 26, 2008 clarify that the actual request is for a mental health evaluation. The records available for review indicate that past medical treatment has included access to psychological counseling. Request for appeal, mental health evaluation was not certified on March 27, 2008 with rationale that per adjudication of dispute extent of injury, the low back and depression are not part of the compensable injury. The medical records document chronic pain symptoms referable to multiple body regions. The records reviewed indicate that past medical treatment has included access to psychological counseling. The Official Disability Guidelines would not support the request as it appears that there has been a previous access to medical treatment in the form of counseling to assist with pain management strategies.

The provider responded on April 8, 2008 with request for an IRO.

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

According to prior reviews, the patient has previously been provided with access to psychological counseling. IME opinion is clear that the patient does not require any additional treatment. The patient's multi-body part subjective complaints have not been corroborated with objective examination findings. Although the Official Disability Guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures, the records have failed to demonstrate that such an evaluation is indicated in this case. The medical records fail to substantiate a medical necessity for a mental health evaluation 15 months post MMI. Therefore, my determination is to uphold the previous non-certification of the request for a mental health evaluation.

The IRO's decision is consistent with the following guidelines:

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

____ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

____ AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

____ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

____ MILLIMAN CARE GUIDELINES

___X___ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

____ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

____ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

____ TEXAS TACADA GUIDELINES

____ TMF SCREENING CRITERIA MANUAL

____ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

____ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

Official Disability Guidelines:

Psychological evaluations:

Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. See "Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation, which describes and evaluates the following 26 tests: (1) BHI - Battery for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory, (3) MBMD - Millon Behavioral Medical Diagnostic, (4) PAB - Pain Assessment Battery, (5) MCMI-111 - Millon Clinical Multiaxial Inventory, (6) MMPI-2 - Minnesota Inventory, (7) PAI - Personality Assessment Inventory, (8) BBHI 2 - Brief Battery for Health Improvement, (9) MPI - Multidimensional Pain Inventory, (10) P-3 - Pain Patient Profile, (11) Pain Presentation Inventory, (12) PRIME-MD - Primary Care Evaluation for Mental Disorders, (13) PHQ - Patient Health Questionnaire, (14) SF 36, (15) SIP - Sickness Impact Profile, (16) BSI - Brief Symptom Inventory, (17) BSI 18 - Brief Symptom Inventory, (18) SCL-90 - Symptom Checklist, (19) BDI-II - Beck Depression Inventory, (20) CES-D - Center for Epidemiological Studies Depression Scale, (21) PDS - Post Traumatic Stress Diagnostic Scale, (22) Zung Depression Inventory, (23) MPQ - McGill Pain Questionnaire, (24) MPQ-SF - McGill Pain Questionnaire Short Form, (25) Oswestry Disability Questionnaire, (26) Visual Analogue Pain Scale - VAS. (Bruns, 2001) See also Psychological evaluations, SCS (spinal cord stimulators) & the Chronic Pain Chapter.