

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

## Notice of Independent Review Decision

**DATE OF REVIEW: DECEMBER 15, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

BHI psychosocial screening 96101 prior to ESI

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

MD, Board Certified Orthopedic Surgeon

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for BHI psychosocial screening 96101 prior to ESI.

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

Adverse Determination Letters, 10/30/08, 11/21/08

ODG-TWC, Psychological Screening

, 10/9/08, 9/30/08, 4/2/07, 10/17/06

MRI, 7/5/06

TDI, 7/24/08

, DO, 8/2/08

, 9/30/08

CT Head, 8/8/08

Xray, 4/3/06

Dr. , MD, 3/4/08

, MD, 4/6/07  
Status Reports, 4/5/06-6/30/06

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured worker with multiple subjective complaints. The claimant is xx years of age and was injured on xx/xx/xx. Apparently he was standing on a ladder when the ladder broke. He injured both wrists, his left knee, and his low back. He has had medications, physical therapy, injections, TFCC repair, psychotherapy, and twenty sessions of chronic pain management completed in May 2008. He still complains of low back pain. Current request is for psychological evaluation prior to ESI.

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

This patient has already completed a chronic pain management program and psychotherapy. He has already undergone numerous psychological evaluations. Based upon the medical records, he appears to have multiple pain behavior type complaints. There is no evidence of any radiculopathy in the records provided for review. In the absence of radiculopathy, an epidural steroid injection would not be indicated, and hence the use of psychological evaluation in order to determine if he would be a candidate for an ESI would also not be medically necessary. In addition to all of the above, psychological screening is not recommended as medically necessary prior to an ESI per the ODG Guidelines. For all of these reasons, the reviewer finds that medical necessity does not exist for BHI psychosocial screening 96101 prior to ESI.

**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
- AHCP- 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
- 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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**