

Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: JULY 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Battery for Health Improvement (BHI), psychosocial Screening as outpatient, pre-surgery, CPT 94101.

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

Certified by American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry
Licensed by Texas Medical Board of Examiners

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 exists for Battery for Health Improvement (BHI), psychosocial Screening as outpatient, pre-surgery, CPT 94101.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 6/11/08, 6/24/08
ODG Guidelines and Treatment Guidelines
, MD, 5/29/08, 2/5/08, 1/3/08, 10/24/07
MRI of Lumbar Spine, 10/4/07

Lumbar Spine X-Ray, 10/4/07
Operative Reports, 5/23/08, 12/14/07
, MD, 1/30/08
, 10/23/07
, 8/30/07
5/29/08
MRI of Left Shoulder, 11/29/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a xx-year-old male patient who sustained injury on xx/xx/xx while working for. He was delivering supplies on a dolly weighing approximately 150 pounds when he lost his footing and he fell off the ramp a distance of approximately 3 feet, twisting his lower back and injuring his left shoulder. The patient returned to , M.D., orthopedic surgeon, on 5/29/2008 for follow-up on his lumbar spine and left shoulder injuries. The patient underwent a second lumbar epidural injection on 5/23/2008 which only helped a little. He still reported back pain as 7/10 with paresthesias going to both feet, right worse than left. He also reported difficulty sleeping. The clinical impression was bulge of L5-S1 with diskogenic pain. Because the patient's symptoms at this point had minimal resolution despite 6 months of treatment, Dr. wanted to obtain a BHI-2 psychosocial screen to determine if there were any psychosocial barriers to recovery. , as UR agent for the insurer denied the request, stating there was a clerical error: "Assessments for clinical and psychological use information sheet not dated." The denial also states that "There is no indication that there are psychological factors that would interfere with recovery."

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

The reviewer believes that Dr. is certainly using good judgment in developing a reasonable differential diagnosis for the patient's lack of improvement and then performing screening exams to evaluate each possibility of his differential diagnosis.

In addition, the ODG guidelines state that in cases of delayed recovery, such as this one, clinicians should consider referral for psychological screening to improve outcomes. The previous reviewer has denied the request because there is no history of psychological issues. However, this is a request for screening, not a request for a treatment regimen. The entire purpose of a screening procedure is to determine if such issues might be relevant in this case, or if other alternatives should be pursued. A review of the literature found an article in J Rehabil Med. 2005;37(2):95-9 titled Disability, pain, psychological factors and physical performance in healthy controls, patients with sub-acute and chronic low back pain: a case-control study. The article concludes that psychological factors are statistically more frequent in chronic low back pain than the other two groups and should strongly be considered in the treatment plans.

The reviewer finds that medical necessity exists for Battery for Health Improvement (BHI), psychosocial Screening as outpatient, pre-surgery, CPT 94101.

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
 - 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
- J Rehabil Med. 2005;37(2):95-9 titled Disability, pain, psychological factors and physical performance in healthy controls, patients with sub-acute and chronic low back pain: a case-control study.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)