

Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of BHI Psychosocial testing (96101)

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 testing (96101).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office note, Dr. 07/21/08
Ortho consult, Dr. 08/07/08
Fax reservation sheet, 09/02/08
Peer review, Dr. 09/08/08
Letter of Medical Necessity, Dr. 09/22/08
Peer review, Dr. 09/26/08

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates. Low back, chronic pain

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a woman who injured her back on xx/xx/xx while at work. During a 07/21/08 office visit it was noted the claimant had undergone one set of injections that provided modest relief of her overall symptoms, and had no further treatment. The diagnosis was disc herniation. It was noted the claimant seemed quite depressed and cried several times throughout the exam. On a 08/07/08 orthopedic consultation it was noted the claimant had a 05/08 epidural and symptoms persisted. The office note stated the claimant had been suffering with constant pain for over xx year and the physician stated he would like to obtain a psychosocial screen to determine if she had any barriers to recovery. A 05/16/07 MRI reviewed revealed protrusions at L5-S1 predominantly on the left, the diagnosis given was protrusion at L5-S1.

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

This is a female who injured her back in xx/xx. The patient has had ongoing complaints of pain. She has been treated with an epidural. An MRI on 05/16/07 revealed a protrusion at L5-S1. The patient was not deemed to be a surgical candidate. However, at this juncture there is no indication for a psychosocial evaluation according to ODG Guidelines. The reviewer finds that medical necessity does not exist for BHI Psychosocial testing (96101).

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates. Low back, chronic pain

Psychological evaluations for chronic pain

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. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. In a large RCT the benefits of improved depression care (antidepressant medications and/or psychotherapy) extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status. (Chronic pain may harm the brain, based on using functional magnetic resonance imaging (MRI), whereby investigators found individuals with chronic back pain (CBP) had alterations in the functional connectivity of their cortical regions - areas of the brain that are unrelated to pain - compared with healthy controls. Conditions such as depression, anxiety, sleep disturbances, and decision-making difficulties, which affect the quality of life of chronic pain patients as much as the pain itself, may be directly related to altered brain function as a result of chronic pain.

(Low back) Psychological screening

Recommended as an option prior to surgery, or in cases with expectations of delayed recovery. Before referral for surgery, clinicians should consider referral for psychological

screening to improve surgical outcomes, possibly including standard tests such as MMPI (Minnesota Multiphasic Personality Inventory) and Waddell signs.) A recent study concluded that psychological distress is a more reliable predictor of back pain than most diagnostic tests. The new ACP/APS guideline as compared to the old AHCPH guideline is a bit stronger on emphasizing the need for psychosocial assessment to help predict potentially delayed recovery.

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
- AHCPH- 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)