



Medwork Independent Review

5840 Arndt Rd., Ste #2
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

DATE OF REVIEW: 04/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

96101 psychological tests (4 hours) to include: BHI-2 & MBMD

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

Texas State Licensed MD Board Certified Psychiatry & Neurology physician

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 03/19/2009
2. Notice to URA of assignment to IRO 03/19/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 03/19/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 03/13/2009
6. adverse determination letter appeal preauth UR 02/20/2009
7. adverse determination letter initial preauth UR 01/29/2009
8. Patient information sheet not dated
9. Treatment Center Environmental Intervention 90882 02/25/2009
10. Treatment Center reconsideration psychological testing pre authorization request 02/19/2009
11. Treatment Center Environmental Intervention 90882 01/30/2009
12. Treatment Center psychological testing pre authorization request 01/29/2009
13. Treatment Center initial behavioral medicine consultation & addendum 01/22/2009
14. Treatment Center order sheet 01/12/2009
15. History & physical 01/10/2009
16. Lumbar spine three views 12/02/2008
17. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:



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The patient is a female with a date of injury of xx/xx/xx, when she sustained a work-related injury to her low back. She sought treatment from the company doctor. She had some physical therapy, and an x-ray on December 2, 2008, revealed a fusion defect in the posterior element of L5. She was referred to Dr. a doctor of osteopathy, for treatment. An MRI request was denied as not meeting medical necessity.

The employee was referred to LPC, who performed an initial behavioral medicine consultation on January 22, 2009, and diagnosed the worker with adjustment disorder with depressed mood secondary to the work injury, Axis II: No diagnosis, Axis III: Injury to lumbar spine, Axis IV: Primary support group, economic and occupational issues, and Axis V: Current GAF 62, estimated pre-injury GAF 85. The report notes the claimant was tearful in the interview and was having some pain-related behaviors. Her mood was dysthymic, and her affect was constricted. Otherwise, mental status examination was essentially normal. She was asked to quantify various symptoms, which are documented in the report. The examinee complained of pain levels of 4 to 9 out of 10 with interference in recreational, social, and familial activities. Additionally, she was reporting sleep insomnia with fragmented sleep. The recommendation of Ms. was that a formalized battery of psychological tests, including an MBMD and BHI-2, be requested.

The requests for the psychological tests were denied as not meeting medical necessity based upon Official Disability Guidelines, in part because there was inadequate information to properly identify this patient as an individual who would likely have a delayed recovery and also that the rationale for testing to determine the presence or absence of major depressive disorder was not necessary in order to determine whether psychopharmacological treatment would be necessary. Additionally, the reviewer noted that the MBMD and BHI-2 have not shown peer-reviewed studies demonstrating their use as reliable predictors in delayed recovery. The response from the requesting therapist was that these tests would be used in conjunction with other clinical information and that the requested tests are necessary for appropriate therapy of her pain complaints.

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

Official Disability Guidelines and Treatment Guidelines for pain indicate that there is no evidence to support that this claimant is at risk for delayed recovery or chronicity. Additionally, the use of psychological testing requested is not necessary to make the diagnosis of a major depressive disorder and/or to determine whether psychopharmacological treatment is necessary. The guidelines indicate that psychological treatment be provided to appropriately identified patients. There is insufficient documentation to justify the medical necessity of the requested psychological tests. The initial behavioral medicine consultation identifies the need for treatment, and this can occur without the requested tests.

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



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- 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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)