

Clear Resolutions Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pre-surgical evaluation (90801, 96101)

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 6/4/09, 6/10/09

MD, 4/21/09, 3/24/09, 5/22/09

MRI Lumbar Spine, 4/14/09

Lower EMG and Nerve Conduction Study, 5/11/09

Radiology Report, 4/14/09

7/8/09

Peri-Operative Mental Health Evaluation: Goals/Plan/Justification, undated

Mental Health Treatment Request, 4/21/09

MRI Right Ankle, 5/7/09

MD, 4/29/09, 5/19/09

DC, 6/9/09, 5/26/09, 5/14/09, 5/5/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This male fell 2 stories and a pile of lumber landed on him. He sustained rib, pelvis, lumbar and left foot injuries including fractures on xx/xx/xx. He had surgery for the ankle/foot fracture. He had a pelvis fracture. He had spinal instability with flexion and extension. There is a comment in the records about a spinal fracture, but none was described in the MRI. The

MRI on 4/14/09 described a posterior disc protrusion with annular tear at L5/S1. There was no comment of any nerve root compression or vertebral fracture. The electrodiagnostic studies of 5/11/09 gave a suggestion of, but not a diagnosis of, a bilateral L5/S1 radiculopathy. Dr. wrote a prescription for a "presurgical evaluation for readiness of surgery" on 5/22/09 and a request for psychological assessment. Dr. noted on 4/21/09 that "He understands that he is a surgical candidate...He wants to think about his treatment options....He will contact us back on his decision concerning surgical intervention." On 5/22/09, there is a handwritten note that states the patient called "and stated he was ready for surgery."

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

The ODG approves the psychological assessment prior to back surgery. As of 4/21/09, this man was still considering his treatment options prior to undergoing surgery. There is a note dated 5/22/09 that says the patient "stated he was ready for surgery." Therefore, the request does conform to the ODG. The reviewer finds that medical necessity exists for Pre-surgical evaluation (90801, 96101).

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. (Scalzitti, 1997) (Fritz, 2000) (Gaines, 1999) (Gatchel, 1995) (McIntosh, 2000) (Polatin, 1997) (Riley, 1995) (Block, 2001) (Airaksinen, 2006) A recent study concluded that psychological distress is a more reliable predictor of back pain than most diagnostic tests. (Carragee, 2004) The new ACP/APS guideline as compared to the old AHCPR guideline is a bit stronger on emphasizing the need for psychosocial assessment to help predict potentially delayed recovery. (Shekelle, 2008) For more information, see the Pain Chapter and the Stress/Mental Chapter.

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

ACOEM-AMERICA 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)