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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

96101 Psychological Testing x 3 Hours

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

MD, Certified by the American Board of Psychiatry and Neurology

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 6/15/09, 6/23/09

Ph.D., 6/11/09

Dr. 6/30/05-6/30/09

MD, 2/4/03, 7/8/03

MD, 11/6/03

MD, 3/18/04

Dr. 10/12/01

Dr. 10/12/01

Dr. 10/13/01

Dr. 1/15/02

Dr. 2/12/02

Dr. 2/12/02, 11/6/02

Dr. 5/24/02, 6/7/02, 9/27/02, 10/11/02, 1/10/03

Dr. , 8/28/02

Dr. 6/24/03

Dr. 11/11/03

Dr. 12/3/04

Dr. 6/30/05-6/30/09

MRI Lumbar Spine, 10/8/01, 11/11/03
MRI Cervical Spine, 6/4/02
Lumbar Myelogram and CT Scan, 1/15/02
EMG/NCV, 2/12/02, 3/1/05
Physical Therapy, 10/12/01-10/14/03 (51 visits)
FCE, 4/2/03, 1/12/06
Caudal ESI, 11/27/01
Cervical Fusion, 8/28/02
Paravertebral trigger point injections, 8/11/05, 9/13/05, 9/28/06
Paravertebral nerve block, 3/15/06, 6/14/06, 10/27/06, 1/23/07

PATIENT CLINICAL HISTORY SUMMARY

This employee was injured on xx/xx/xx while lifting a heavy object. She currently c/o pain in the right shoulder, neck and low back areas. She is treated with MS Contin 60 mg. twice daily. The doctor notes "She has done very well with this medication and has only needed NSAID's for breakthrough." The treating physician states he believes the patient would benefit from a spinal cord stimulator and requested a psychological evaluation "to determine the potential for the therapy to succeed." The doctor notes that the patient denies depression and anxiety. Her appearance is described as uncomfortable, awake, alert, oriented to time, place and person, well nourished, not acutely ill, not exhausted. The request was denied as not being medically necessary.

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

The previous reviewer is correct in the decision that there is no documentation that this procedure is medically necessary. The record indicates that the patient does not have anxiety or depression or any signs of other mental illness. The request is made to determine the potential for the spinal cord stimulator to be successful. However, there are no indicators of psychological distress listed in the chart that currently warrant evaluation. The reviewer finds that medical necessity does not exist for 96101 Psychological Testing x 3 Hours.

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)