



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

DATE OF REVIEW: 05/05/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Psychological testing four hours BH12 and MBMD, chronic lumbar pain, outpatient

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

Texas Licensed Psychologist

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Radiographic report of the thoracic spine, 01/18/07
2. Radiographic report of the cervical spine, 01/18/07
3. CT of the lumbar spine, 02/17/07
4. Follow-up note, 01/21/09
5. MRI of the lumbar spine, 01/29/09
6. LPC, 02/09/09
7. Initial behavioral medicine consultation, 02/09/09
8. Addendum, 02/09/09
9. Psychological testing preauthorization request, 02/13/09
10. Utilization review determination, 03/02/09
11. Environmental intervention note, 03/02/09
12. Notice of denial of preauthorization, 03/02/09
13. Reconsideration of psychological testing preauthorization request, 03/20/09
14. Notice of reconsideration, 03/25/09
15. Utilization review determination, 03/25/09
16. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee's date of injury was xx/xx/xx. On this date, the employee tripped on a door jam as he was leaving the break room and stepped outside slipping on ice. His legs went out from under him, and he landed on his back on the ground.

Thoracic spine radiographs dated 01/18/07 revealed thoracic spine spondylosis. Cervical spine radiographs performed on the same date revealed straightening of the cervical spine which may be related to positioning or spasm and minor spondylosis at C5-C6.

A CT of the lumbar spine dated 02/17/07 revealed a right lateral disc herniation at L3-L4 resulting in severe right sided neural foraminal narrowing with improvement upon the exiting L3 nerve root and minimal retrolisthesis of L5 on S1.

The employee was seen in follow-up on 01/21/09 and reported continued pain in the low back going down both legs. On physical examination, there was paravertebral spasming and tenderness in the lumbar spine. The employee had decreased range of motion of the lumbar spine on flexion, extension, and rotation. Lumbar myospasms and myositis was noted with positive straight leg raising bilaterally. The employee reportedly walked with a limp. The impressions were lumbar sprain/strain; probable herniated disc at L4-L5 and L5-S1, and bilateral lumbar radiculopathy. The employee was released to return to work on light duty.

An MRI of the lumbar spine dated 01/29/09 revealed multilevel degenerative disc disease and L5-S mild generalized disc bulge with a left paracentral disc protrusion without central canal stenosis.

The employee underwent an initial behavioral medicine consultation on 02/09/09. The employee reportedly underwent an epidural steroid injection on 06/22/07 and underwent an EMG/NCV on 02/09/09 with results reported as normal. At that time, the employee was taking Robaxin and Tramadol. The employee reported negative changes with his normal daily activities and personal relationships. The employee endorsed sleep problems and reported his current level of overall functioning was 70%. The employee's motor activity and speech were normal, attention and concentration were normal, and memory for recent and remote events were normal. The employee's mood was euthymic and affect was broad. The employee rated his pain as 7/10, irritability and restlessness 2/10, frustration and anger 2/10, muscular tension/spasm 3/10, sadness and depression 1/10, and forgetfulness/poor concentration 1/10. Visual analog scale endorsements "appear incongruent with self report and clinical observations". The diagnosis was listed as adjustment disorder, chronic, unspecified, secondary to the work injury. The employee was recommended to undergo two hours of testing of MBMD and two hours of testing for the BHI2 "because of not being able to gather thorough and accurate information".

An addendum dated 02/09/09 indicated that the employee's Beck Depression Inventory score was 8 and Beck Anxiety Inventory was reported as 6.

A previous utilization review performed on 03/02/09 non-certified the request for psychological testing noting that the follow-up note from 01/2/09 recommended a pain management evaluation, but "there is nothing in this note that makes reference to the

claimant's mental status or state of mind". It was noted that the employee self-reported depression and anxiety as 1/10 and mood was reported as euthymic. The reviewer questioned the diagnosis of adjustment disorder based on minimal depression and anxiety and euthymic mood. On telephonic consultation, Dr. was asked why additional psychometric testing would be required for somebody with a euthymic mental status rating and who rated his depression and anxiety as 1/10. Dr. indicated that additional testing would be helpful and useful and indicated that she felt that this "would be on the cusps" of meeting the criteria of medical necessity. A note dated 03/02/09 from Dr. indicated that the employee reported significant pain, functional problems, sleep disturbance, social relations, and irritability, and "clearly, there is some difficulty with adjustment". Additional testing was reportedly requested to provide supplementary clinical data that may be used to effectively tailor treatment to meet the employee's needs and support attainment of treatment objectives.

A reconsideration request for psychometric testing was non-certified on 03/25/09. On telephonic consultation, it was reported that Ph.D., provided no new clinical data of new information about clinical presentation with respect to the prior consideration. The psychological data "are consistent between mental status examination results, self report, Beck self-report inventories, and physician observations", and therefore, psychometric testing was not considered medically necessary for the purpose of gathering information for a treatment plan.

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

I am in agreement with the previous denials of psychological testing. There are minimal indications of psychological involvement as indicated by Beck Depression Inventory and Beck Anxiety Inventory scores within normal limits and an absence of objective symptoms of psychopathology.

An assessment conducted on 02/09/09 reported results as normal. At that time, the employee was taking Robaxin and Tramadol. The employee rated his pain as 6/10. The employee reported negative changes with his normal daily activities and personal relationships. The employee endorsed sleep problems and reported his current level of overall function was 70%. The employee's motor activity and speech were normal, attention and concentration were normal, and memory for recent and remote events was normal. The employee's mood was euthymic and affect was broad. The employee rated his pain as 7/10, irritability and restlessness 2/10, frustration and anger 2/10, muscular tension/spasm 3/10, sadness and depression 1/10, and forgetfulness/poor concentration 1/10. There were no inconsistencies in the employee's presentation and his report that would warrant testing to determine the validity of his reports.

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

1. ***Official Disability Guidelines*** Treatment Integrated Treatment/Disability Duration Guidelines, Mental Illness and Stress Chapter, Online Version