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Notice of Independent Review Decision
Amended Notice

DATE OF REVIEW: 11/23/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Behavioral Testing 4 hours, **Repeat Psychiatric Diagnostic Interview**

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

Certified by the American Board of Physical Medicine & Rehabilitation with subspecialty certification in Pain Medicine

REVIEW OUTCOME

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

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	847.0	90801	Upheld
		Prospective	847.0	96102	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.
Summary dated 11/13/09
First report of injury dated xx/xx/xx
Supplemental report of injury dated xx/xx/xx
Notice of Disputed Issue(s) dated 11/12/09

Associate statement dated 3/31/09
Physician/Practitioner notes dated 4/1/09, 4/2/09, 4/15/09, 4/29/09, 5/12/09, 6/11/09, 7/14/09, 8/12/09, 8/19/09, 9/17/09, 10/14/09
Therapy notes from 4/1/09 through 9/25/09
MRI reports dated 5/13/09, 10/15/09
Physical Performance Evaluation report dated 5/20/09
Chronic Pain Management Evaluation/notes dated 6/10/09, 7/13/09, 7/30/09, 8/3/09, 8/12/09, 8/17/09, 8/19/09
Official Disability Guidelines cited but not provided-ODG Pain

PATIENT CLINICAL HISTORY:

The patient is reported to have sustained injuries at work on xx/xx/xx. She initially sought treatment on xx/xx/xx and was subsequently seen in follow-up on 04/02/09. On examination she is noted to have tenderness in right occipital parietal region. The patient has cervical discomfort and paracervical tenderness with full range of motion. She has tenderness along the left side neck to top of left shoulder. She has no increased pain on resisted abduction or internal rotation. She has no distal deficit. The patient has full strength. Two-point discrimination is negative throughout. She subsequently is diagnosed with closed head contusion and sprain of neck and left shoulder.

The records indicate the patient received extensive chiropractic treatment and physiotherapy. She later underwent MRI of lumbar spine on 05/13/09. This study is reported to be normal. On 05/20/09 the patient underwent FCE which indicated she was capable of performing at light physical demand level. Records indicate the patient began a work conditioning program on 05/27/09. She completed at least 18 sessions and was categorized as having minimal improvement.

On 06/10/09 the patient underwent psychological evaluation. It is noted at this time the patient's current medications include Naprosyn, Tylenol, and Cyclobenzaprine. She reported having mood swings, difficulty in concentration, excessive worry, feels panicked, easily angered, and feels tired and not well. She has periods of sadness, crying and depression. Both Beck Depression Inventory and Beck Anxiety Inventory were administered. BDI is reported to be 24, which is categorized as severe, and BAI is 34, again categorized as severe. She ultimately was diagnosed with pain disorder with both psychological factors and general medical condition; chronic adjustment disorder with mixed anxiety and depressed mood. At this time she was recommended to participate in 6 individual psychotherapy sessions at rate of 1 time a week. The submitted records indicate the patient had at least 6 sessions of individual psychotherapy. On 09/25/09 the patient started work hardening program for lumbar spine. The record includes an MRI of the right shoulder dated 10/15/09 which indicates a subacromial bursitis with impingement of AC joint and tendinopathy of rotator cuff without full thickness tear. An additional 4 hours of behavioral testing was requested.

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

In the Reviewer's opinion, the request for additional behavioral testing for 4 hours is not medically necessary. The submitted clinical records indicate that the patient sustained myofascial injuries to the back of the head, neck and right shoulder. The patient has undergone extensive chiropractic treatment and physiotherapy with no subsequent improvement. Imaging studies do not indicate any significant pathology. The patient has been treated excessively per the record. She subsequently was referred for psychological evaluation with a recommendation for 6 sessions of individualized psychotherapy. The records indicate that the patient underwent a work conditioning program as well as individual psychotherapy without any documented improvement in her condition. She is later noted to have been enrolled in a work hardening program. There would be no indication for the performance of an MMPI-2 noting that the patient has previously been evaluated, found to have severe levels of depression and anxiety. It is unclear as to whether the patient has received aggressive treatment with psychotropic medications and she is known to have undergone 6 sessions of individualized psychotherapy with no improvement. The patient has already exhausted conservative means of treatment and the performance of an MMPI-2 given her treatment failure would not be medically necessary. There is ample documentation of a failure of treatment and there is no indication that the performance of an MMPI-2 would provide any new significant revelations that would alter the patient's treatment plan. Based upon review of the records, the request for 4 hours of behavioral testing is not medically necessary.

References:
The 2009 Official Disability Guidelines, 14th edition, The Work Loss Data Institute. Online edition.
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. (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.

Psychological evaluations
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. See "Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation, which describes and evaluates the following 26 tests: (1) BHI - Battery for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory, (3) MBMD - Millon Behavioral Medical Diagnostic, (4) PAB - Pain Assessment Battery, (5) MCMI-111 - Millon Clinical Multiaxial Inventory, (6) MMPI-2 - Minnesota Inventory, (7) PAI - Personality Assessment Inventory, (8) BBHI 2 - Brief Battery for Health Improvement, (9) MPI - Multidimensional Pain Inventory, (10) P-3 - Pain Patient Profile, (11) Pain Presentation Inventory, (12) PRIME-MD - Primary Care Evaluation for Mental Disorders, (13) PHQ - Patient Health Questionnaire, (14) SF 36, (15) SIP - Sickness Impact Profile, (16) BSI - Brief Symptom Inventory, (17) BSI 18 - Brief Symptom Inventory, (18) SCL-90 - Symptom Checklist, (19) BDI–II - Beck Depression Inventory, (20) CES-D - Center for Epidemiological Studies Depression Scale, (21) PDS - Post Traumatic Stress Diagnostic Scale, (22) Zung Depression Inventory, (23) MPQ - McGill Pain Questionnaire, (24) MPQ-SF - McGill Pain Questionnaire Short Form, (25) Oswestry Disability Questionnaire, (26) Visual Analogue Pain Scale – VAS. (Bruns, 2001) See also Psychological evaluations, SCS (spinal cord stimulators) & the Chronic Pain Chapter.

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**
- ☐ **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)**