

MEDR X

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Notice of Independent Review Decision

DATE OF REVIEW: 11/9/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 5 sessions of Psychological Testing (96101).

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

The reviewer is a Ph D (licensed Psychologist) with a specialty in Psychology. The reviewer has been practicing for greater than 5 years.

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)

The reviewer agrees in part with the previous adverse determination regarding the prospective medical necessity of 4 sessions of Psychological Testing (96101) and disagrees in part with the previous adverse determination regarding one (1) session of Psychological testing.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was employed when she was injured on xx/xx/xx when she was struck in the neck. The next day the patient was evaluated by Dr. X-rays were taken which demonstrated chronic degenerative changes at C5-C6 and C6-C7 with anterior and posterior bone spurs

but no acute findings. The lumbar x-ray demonstrated degenerative disc disease at L3-L4 and L4-L5 with facet degeneration but no trauma. She was returned to work the next day without restrictions.

The patient attended 20 sessions of physical therapy from 12/26/08 to 04/09/09. A cervical and lumbar MRI performed on 2/13/09 by Dr. indicated posterior bone ridging at C5-C6 and C6-C7 with no mass effect on the spinal cord, no focal disc herniations, mild annular bulge at L4-L5 but no nerve root impingement, spinal canal or foraminal stenosis, or spinal cord or nerve root compromise at any level.

The patient completed right L4 and L5 transforaminal Epidural Steroid Injections (ESIs) on 3/31/09.

According to Dr., in his Designated Doctor report dated June 1, 2009, the patient was not at Maximum Medical Improvement. Dr. performed a retrospective peer review on 6/26/09 and recommended no further treatment for the injury.

Dr. referred the patient to Dr. for a psychological assessment to "evaluate her need and appropriateness for individual psychotherapy. Her treating doctor requested the assessment to determine the presence of psychological, emotional, coping or personality styles that interfere with the patient's ability to comply with treatment, which could lead to re-injury or the necessity of repeat surgery or procedure. Areas of specific concern include: pain extending beyond the primary intervention phase of 0-3 months with continued significant impairment in daily functioning and failure to return to work, depressive or anxiety symptoms; psychophysiological correlates of affect and stress and sleep disturbance."

Dr. noted in his Mental Health and Behavioral Assessment that the patient presented with a depressed mood and that she was frequently tearful during the interview. At that time, the patient endorsed a pain intensity ranging from 4-8 on a scale of 1-10. Her current medications include hydrocodone. She reportedly worked for one week after the injury but was placed on light duty because of the pain. After six months of light duty, she was placed on a leave of absence. She has been treated with physical therapy, work conditioning program, epidural steroid injections (ESIs) and medication management.

According to Dr. report, the claimant endorsed three previous work-related injuries; a broken right thumb and back strain in xxxx for which she was placed on light duty. In xxxx, she was off work one week for an injury to her right foot and in xxxx she was off work for one week due to left ankle injury.

The claimant denied a history of previous psychological treatment. Symptoms at the time of the interview included a 30 lb weight gain since the injury, emotional distress as result of being in pain, decreased participation in previously pleasurable activities, and sleep disturbance. In addition, she endorsed "frustration with pain, concerns about her future, apprehension about re-injury or a worsening in her conditions, racing mind, muscle tension, worry, anxiety, sadness, exasperation, misery, feelings of helplessness and worthlessness, low energy. She reports having hope for the future and denies feelings of anhedonia. She further reports that she experiences no long or short term memory loss, confusion, disorientation, or difficulty in decision making."

Finally, Dr. recommended five hours of psychological testing to include the McGill Pain Questionnaire, the Pain Discomfort Scale, the Pain Patient Profile, the Multidimensional Health Profile Forms H and P, and the Personality Assessment Inventory to address the following issues: "A. Rule out mood disorder and its severity in relation to a normed sample. B. Determine how personality style may affect the onset, severity, duration, maintenance and/or exacerbation of injury and pain. C Determine coping mechanisms and their effectiveness. D. Assess level of social support as it is a risk factor in poor response to treatment."

The claimant completed a Functional Capacity Evaluation (FCE) on 09/09/09 which indicated that the claimant was performing at the light/medium PDL and needed to achieve a heavy PDL to be able to return to her former employment. The FCE included a battery of psychological tests as part of the evaluation. The tests conducted included the McGill Pain Questionnaire as well as the Oswestry Low Back Pain Disability Questionnaire, Million Visual Analog Scale, and Neck Pain Disability Index Questionnaire.

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

According to the Official Disability Guidelines Pain Chapter, psychological evaluations are "Recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). 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. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus

allowing for more effective rehabilitation. 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 2nd ed - Battery for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory [has been superceded by the MBMD following, which should be administered instead], (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. (ODG, Pain Chapter, Psychological Evaluations revised 10/21/09).

After initially evaluating the claimant on 9/03/09, Dr. requested authorization for the following psychological tests: the McGill Pain Questionnaire, the Pain Discomfort Scale, the Pain Patient Profile, the Multidimensional Health Profile Forms H and P, and the Personality Assessment Inventory.

According to the Functional Capacity Examination, dated 09/09/09, the patient has already completed the McGill Pain Questionnaire as well as the Oswestry Low Back Pain Disability Questionnaire, Million Visual Analog Scale, and Neck Pain Disability Index Questionnaire. These questionnaires provide both a comprehensive quantitative and qualitative assessment of the claimant's pain. Therefore, the request for the McGill Pain Questionnaire and the Pain Discomfort Scale to obtain additional information regarding the claimant's pain experience is redundant and is not reasonable and necessary at this time.

The request for the Pain Patient Profile, which is an assessment measure normed on a chronic pain population and used to diagnose depression, anxiety, and somatization is reasonable and necessary in order to comply with the ODG recommendations for a diagnostic evaluation. The publishers of the Pain Patient Profile (see Pearson Assessment Catalog) indicate that the profile should take approximately 12 to 15 minutes for the patient to complete.

The request for the Multidimensional Health Profile, both the H and P versions, is also reasonable and necessary in order to determine beliefs and attitudes, medical utilization, health habits, coping skills, social resources, and life stress that the claimant may be currently experiencing. These tests provide the clinician with information that may affect a treatment plan and therefore the request fulfills the ODG recommendation that the psychological evaluation identify "whether further psychosocial interventions are needed." The publishers of these tests (see Psychological Assessments Resources catalog) suggest that each version of the test take approximately 15 minutes to administer to the patient.

The request for the Personality Assessment Inventory is designed to assess psychological functioning and to identify potential personality disorders. The request for this test is reasonable and necessary as it complies with the ODG recommendations for assessing the potential for “pre-existing conditions or aggravations of a current condition or injury as a result of the work injury.” The publishers of the Personality Assessment Inventory (see Psychological Assessments Resources catalog) indicate that administration of the testing takes approximately 50-60 minutes.

In summary, the entire request for five sessions of psychological testing is excessive and does not fully meet the ODG for psychological evaluations and testing. However, a portion of the requested testing is reasonable and necessary per the reviewer and the publishers indicate the recommended time for completion of these tests is one to two hours. The reviewer indicates these procedures can be done with this time frame. Therefore, one session of psychological testing is approved and four sessions are denied.

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)**