



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 10-27-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

BHI-2 Psychosocial screen as outpatient, lumbar spine

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

American Board of Psychiatry Certified

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, the claimant was evaluated by MD., who reported the claimant the claimant was climbing down from a three level scaffold, when a pole came loose causing him to fall from the second level to the floor, approximately 10-11 feet. The claimant went to the ER. He was not able to bear weight on his right leg.

On 3-26-08, the claimant was evaluated by Dr. who reported the claimant had injuries to the cervical spine, lumbar spine, left knee, head and sacroiliac joint that are causing generalized body aches and pain with activity. The evaluator did not appreciate any neurologic deficit at this point. Therefore, the evaluator recommended treating his symptoms initially. The evaluator recommended physical therapy and prescription for oral anti-inflammatory medications and muscle relaxers.

CT scan post myelogram dated 5-27-08 showed at L5-S1 a broad based posterior disc protrusion, measuring 3-3.5 mm in AP diameter, touching the thecal sac.

On 6-23-08, the claimant was evaluated by Dr. who reported the claimant's pain levels remained high. He complained of low back pain with radiating to both legs, left worse than right, cervical spine pain with upper extremity weakness and left knee pain. The evaluator recommended arthroscopic surgery to the left knee. The evaluator also recommended epidural steroid injection for his back pain.

On 9-24-08, the claimant underwent arthroscopic examination with debridement of the medial meniscal tear of the left knee. Arthroscopic abrasion chondroplasty discreet medial femoral condyle lesion as a separate procedure.

On 10-2-08, the claimant was evaluated by MD. The claimant was still having pain and was using crutches post his knee arthroscopy. The evaluator recommended postop physical therapy.

On 10-29-08, the claimant underwent a lumbar epidural steroid injection.

Followup visit with Dr. dated 11-10-08 notes the claimant still complains of lumbar pain. The claimant reported that the epidural steroid injection helped his pain. On exam, the claimant has tenderness to the lumbar spine with decreased range of motion. His medial joint line is tender at the knee. Cervical spine has some tenderness and decreased range of motion. The claimant was provided with a refill of medications.

Followup visit dated 12-15-08 notes the claimant had left knee arthroscopy performed on

9-24-08 and then a lumbar epidural steroid injection on 10-29-08. His left knee symptoms are not significantly improved. The back injection provided his radicular symptoms, but the leg symptoms have returned. The claimant had a short course of physical therapy post the injection and it was helping. X-rays of the lumbar spine were unremarkable. The evaluator recommended continued observation for the knee. The evaluator recommended a second epidural steroid injection.

Followup with Dr. dated 3-2-09 notes the claimant complains of cervical pain, lumbar pain and left knee pain. His right knee is doing better. He is walking better than prior to surgery. The evaluator had ordered an epidural steroid injection, but the claimant decided against it. The CT scan of the lumbar spine was reviewed. The evaluator reported that at this point, Dr. has some minimal invasive procedure scheduled for his back.

On 3-20-09, MD., performed a Designated Doctor Evaluation. He certified the claimant had not reached MMI and estimated 6-20-09 as the date of MMI. The evaluator reported that surgical option is available for this claimant.

On 3-23-09, the claimant was evaluated by MD., and reported he reviewed the myelogram and post CT scan of the cervical spine and lumbar spine. It was his opinion the claimant did not require surgical treatment and recommended he continue with physical therapy.

Follow up visit with Dr. dated 5-4-09 notes the claimant underwent left knee arthroscopy on 9-24-08 and he states he has been doing well. He has persistent low back pain. On exam, the claimant has midline lumbar tenderness and painful decreased range of motion. The evaluator reported that due to his persistent back pain, he recommended a psychosocial screen. His medications were renewed.

On 7-27-09, MD., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI on 6-20-09 and awarded the claimant 11% whole person impairment based on 5% for the cervical spine, 5% for the lumbar spine combined with 1% for the left knee, for a total of 11% whole person.

Follow up with Dr. dated 7-28-09 notes the claimant is seen for follow for injuries to the cervical, lumbar and left knee. On exam, the claimant has tenderness in his posterior cervical region. He has decreased range of motion in all directions. DTR are 2+ and symmetric of the upper extremities. Exam of the lumbar spine shows tenderness in the right lower lumbar region with decreased range of motion. The claimant has left knee tenderness at the medial aspect of the left knee. X-rays of the lumbar spine, cervical spine and knees were obtained and were within normal limits. The evaluator renewed his medications. The evaluator requested resubmitting for BHI.

On 9-9-09, MD., performed a Utilization review. The evaluator reported that the BHI-2 psychosocial screening is recommended for non-certification since there is no mental status information to justify the requested procedure.

On 9-21-09, MD., performed a Utilization Review. The reviewer notes the claimant has persistent pain in his low back. Dr. has ordered a BHI-2 psychological screen as an outpatient as the claimant has persistent pain in his low back. The evaluator noted that this test is also known as the battery for health improvement test, which was designed

to provide information for appropriate treatment of psycho-medical aspects of the injured workers condition. It was not designed to be a diagnostic tool in terms of psychological condition. The claimant has not been seen by a psychologist and has not undergone any psychological evaluation. Therefore, the BHI-2 test would be inappropriate and is recommended for denial of pre-authorization.

On 9-28-09, Dr. reported that he received the denial for the psychosocial screening. The evaluator noted that Dr. disregarded the ODG. The evaluator reported the claimant has mechanical back pain and he has not responded to proper medication treatment, physical therapy, as well as lumbar epidural injections, The ODG permits for diskectomy and fusion for persistent axial back pain of mechanical origin. This claimant has not been completely worked up yet, but this possibility has not been ruled out and, as a result, the claimant cannot be considered at MMI since additional treatment will likely result in further material recovery. The evaluator reported that the claimant meets the criteria for preoperative a psychosocial screening as well as for a psychosocial screening due to concerns about possible delay recovery.

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

ALTHOUGH THE CLAIMANT WAS PLACED AT MMI ON 6-20-09, THE CLAIMANT CONTINUES, PER THE SUBMITTED RECORDS OF THE PRIMARY TREATING PHYSICIAN, WITH ONGOING PAIN LEVELS OF 4-7/10. THE CLAIMANT ALSO CONTINUES BEYOND MMI STATUS TO REQUIRE THE NEED FOR PAIN MEDICATIONS.

ODG-TWC, LAST UPDATED 9-28-09 - OCCUPATIONAL DISORDERS MENTAL HEALTH RECOMMENDS PSYCHOLOGICAL EVALUATIONS AS WELL- ESTABLISHED DIAGNOSTIC PROCEDURES NOT ONLY WITH PAIN PROBLEMS, BUT WITH CHRONIC PAIN POPULATIONS.

BHI-2 HAS ACCEPTABLE EVIDENCE OF VALIDITY AND RELIABILITY WHEN THERE IS DOCUMENTATION OF DELAYS IN RECOVERY AS NOTED BY M.D. THE BHI-2 EVALUATION DOES HELP IDENTIFY OBSTACLES TO RECOVERY FOR ORTHOPEDIC PATIENTS. SPECIFICALLY, THE EVALUATION MAY BE USED TO PROVIDE PERSPECTIVE REGARDING DELAYED RECOVERY, AND OTHER BIOPSYCHOSOCIAL ISSUES THAT ARE MOST RELEVANT IN EVALUATING MEDICAL PATIENTS.

SPECIFICALLY, THE BHI-2 AIDS THE PRIMARY TREATING PHYSICIAN WITH TOOLS TO ADDRESS THE NEEDS AND HELP SHAPE THE NEEDS FOR FUTURE MEDICAL CARE BEYOND THE MMI STATUS.

THE REQUESTED INSTRUMENT IS REASONABLE TO HELP THE PROVIDER TO DEVELOP A TREATMENT PLAN, REDUCE TREATMENT TIME, AND IMPROVE QUALITY OF LIFE. THEREFORE, CERTIFICATION IS PROVIDED FOR THE REQUESTED BHI-2 EVALUATION.

ODG-TWC, last update 9-28-09 Occupational Disorders Mental Health – Psychological testing: 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).

This comprehensive review shows test name; test characteristics; strengths and weaknesses; plus length, scoring options & test taking time. The following 26 tests are described and evaluated:

- 1) BHI™ 2 (Battery for Health Improvement – 2nd edition)
- 2) MBHI™ (Millon Behavioral Health Inventory)
- 3) MBMD™ (Millon Behavioral Medical Diagnostic)
- 4) PAB (Pain Assessment Battery)
- 5) MCMI-111™ (Millon Clinical Multiaxial Inventory, 3rd edition)
- 6) MMPI-2™ (Minnesota Inventory- 2nd edition™)
- 7) PAI™ (Personality Assessment Inventory)
- 8) BBHI™ 2 (Brief Battery for Health Improvement – 2nd edition)
- 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)
- 18) SCL-90-R® (Symptom Checklist –90 Revised)
- 19) BDI®-II (Beck Depression Inventory-2nd edition)
- 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)

All tests were judged to have acceptable evidence of validity and reliability except as noted. Tests published by major publishers are generally better standardized, and have manuals describing their psychometric characteristics and use. Published tests are also generally more difficult to fake, as access to test materials is restricted to qualified professionals. Third party review (by journal peer review or Buros Institute) supports the credibility of the test. Test norms provide a benchmark to which an individual's score can be compared. Tests with patient norms detect patients who are having unusual psychological reactions, but may overlook psychological conditions common to patients. Community norms are often more sensitive to detecting psychological conditions common to patients, but are also more prone to false positives. Double normed tests (with both patient and community norms) combine the advantages of both methods. Preference should be given to psychological tests designed and normed for the population you need to assess. Psychological tests designed for medical patients often assess syndromes unique to medical patients, and seek to avoid common pitfalls in the psychological assessment of medical patients. Psychological tests designed for psychiatric patients are generally more difficult to interpret when administered to medical patients, as they tend to assume that all physical symptoms present are psychogenic in nature (i.e. numbness and tingling may be assumed to be a sign of somatization). This increases the risk of false positive psychological findings. Tests sometimes undergo revision and features may change. When a test is updated, the use of the newer version of the test is strongly encouraged. Document developed by Daniel Bruns, PsyD and accepted after review and revisions by the Chronic Pain Task Force, June 2001. Dr. Bruns is the coauthor of the BHI 2 and BBHI 2 tests.

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)