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Notice of Independent Review Decision

DATE OF REVIEW: 11/6/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under review include psychological tests (4 hours) to include BHI-2 and MBMD.

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 disagrees in part (2 hours) with the previous adverse determination and agrees in part (2 hours) with the previous adverse determination regarding the prospective medical necessity of psychological tests (4 hours) to include BHI-2 and MBMD.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
and LPC.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: patient info sheet (undated), script from , DO of 8/24/09, preauth request of 8/31/09 and 9/23/09, reconsideration letter of

9/23/09, initial behavioral consult report of 8/21/09, 8/21/09 addendum and 8/12/09 follow up by Dr.

9/2/09 denial letter, 10/1/09 denial letter, DWC 1 undated, 5/5/09 PLN 11, 6/22/09 IME report, ODG for neck and upper back (10 pages), MDA cervical spine strain/sprain and back sprain/strain (23 pages), DWC 69 with report by MD, 7/2/09 to 7/8/09 follow up reports by Dr. 5/10/09 lumbar MRI report of Hospital, 4/17/09 report by DC, 4/14/09 denial letter, 4/8/09 note by , handwritten exam and history notes by Dr. , 3/5/09 to 4/6/09 treatment notes by Dr. 2/20/09 radiology report, 2/20/09 to 2/27/09 reports by Chiropractic, 2/20/09 to 3/2/09 authorization for absence reports, 3/2/09 consult form, 2/20/09 application for treatment form, computerized patient info sheet, ER records from Hospital 4/22/09 to 4/23/09 (20 pages), ODG for pain (1 page), ODG for stress (1 page) and ODG for low back (6 pages).

We did receive a partial copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx. She was a restrained driver in traffic when she was rear-ended by another vehicle. The patient indicates that soon after the accident she began to experience severe pains in her neck and back. According to records, she received chiropractic treatment from Dr. but upon finding out that her treatment could be covered by workers' compensation, she subsequently found a doctor who accepted workers' compensation. She initially received chiropractic treatment from Dr. She appears to have been off work up until 08/12/2009 when Dr. released her back to full-duty work with no restrictions.

An MRI of the low back was conducted on 05/08/2009. An independent medical evaluation conducted by Dr. on 06/22/2009 indicated no objective medical basis to support an ongoing treatment plan. An occupational medicine consultation and designated doctor report by Dr. dated 07/16/2009 indicated that the patient was at maximum medical improvement with 0% impairment rating.

The patient first started seeing her current treating physician, Dr. on 07/02/2009. Dr. has started the patient in a physical therapy program and has most recently diagnosed the patient with cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, probable lumbar herniated disc at L4-5 and L5-S1, and bilateral lumbar radiculopathy on the left greater than right in his noted dated 08/12/2009. Dr. requested an initial behavioral medicine consultation "to evaluate the patient's emotional status and subjective pain, to assess the relationship to the work accident, and determine her suitability for progression to some sort of low-level behavior treatment."

An initial behavioral medicine consultation conducted by LPC-intern and MS, CRC, LPC, indicated a diagnosis of Adjustment Disorder with Anxious Mood, no

diagnosis on Axis II, injury to lumbar spine diagnosis on Axis III, difficulties with primary support group, economic and occupational issues on Axis IV, and a current GAF score of 65 with an estimated pre-injury GAF of 85. In that report, the patient denied a significant medical history prior to the work injury. She also denied any mental disorders or emotional issues impacting her independent functioning prior to the injury. She described her pain on a scale from 1-10 as 7/10 with intermittent elevations to 8/10. She described the pain as stabbing and burning with a pins-and-needles sensation across her low back and stabbing pains going down both legs. She reported that the pain interferes with her recreational, social, and familial activities as a 10/10 on a scale from 1-10 with pain interference in normal activities as 8/10.

When asked to rate additional symptoms numerically, the patient indicated irritability and restlessness as a 1/10, frustration and anger as 1/10, muscular tension/spasm as 7/10, nervousness and worrying as 1/10, sadness and depression as 1/10, sleep disturbance as 7/10, and forgetfulness and poor concentration as 4/10. The results of the Beck Depression Inventory-II (BDI-II) and the Beck Anxiety Inventory (BAI) indicated a scale of 10 on the BDI-II with a severity level of minimal depression. She scored an 8 on the BAI which suggested a mild level of anxiety. The clinicians noted that the Beck scores appeared to be inconsistent with subjective functional ability, sleep interruption, observed affect, and subjective pain complaints. Further testing was requested based on a possible minimization of Beck scores and the discrepancy between reported mood and overall physical functioning and pain level. The Millon Behavioral Medicine Diagnostic (MBMD) and Behavioral Health Inventory -II (BHI-2) were requested to obtain additional information regarding the patient's psychological functioning.

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

The current Mental Illness and Stress Chapter of the Official Disability Guidelines (ODG) updated 09/28/09, subheading Psychological Evaluations, states that "psychological evaluations are 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 pre-existing, 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" of which the BHI-2 and MBMD are included as tests recommended by the ODG.

According to the initial behavioral medicine consultation dated 8/21/09 additional testing was requested because of the discrepancy between Beck Inventory

scores and the patient's pain level and overall physical functioning. Four hours of psychological testing, to include the BHI-2 and MBMD, were requested to obtain additional information.

The BHI-2 is designed to provide additional information regarding psychosocial issues that may affect the patient's treatment plan. The ODG recommends psychological evaluations for diagnosis and treatment planning. Therefore, the request for the BHI-2 is reasonable and necessary. The publishers of the BHI-2 (see Pearson Assessments Catalog) suggest that it would take the patient approximately 30-45 minutes to complete the testing.

The MBMD is designed to assess psychosocial issues that may affect a patient's medical treatment as well as to identify whether the patient has significant psychiatric problems. The request to administer this test is reasonable and necessary since it fulfills the ODG recommendations that a psychological evaluation should "determine if further psychosocial interventions are indicated." The publishers of this test suggest an administration time of 20-25 minutes (see Pearson Assessments Catalog).

Given the discrepancy observed by the clinicians in the initial behavioral medicine consultation between physical functioning, pain level, pain disturbance, sleep disturbance, and emotional functioning, it is reasonable and necessary to obtain further information using psychological tests that have been approved by the ODG. A request for four hours of psychological testing is not reasonable and necessary given that the authors of both tests suggest an administration time of approximately 30-45 minutes and 20-25 minutes respectively. A request for approval of a total of four hours of psychological testing is excessive at this time.

Therefore, the tests are found to be medically necessary; however, the time frame is deemed to be excessive. Based upon this information, two hours of psychological testing are deemed to be reasonable and medically necessary.

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)