US Decisions Inc.

An Independent Review Organization
2629 Goldfinch Dr
Cedar Park, TX 78613-5114
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
90801 – Psychiatric Interview (1 hour) and 96101 Psychological Testing, Per Hour With Physician (2 hours)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Psychiatrist
American Board of Psychiatry and Neurology

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ ] Upheld (Agree)
[X] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Solutions, Denial notices, 5/20/10, 4/20/10
Mental Health Evaluation/Treatment Request, Dr., MD, 3/29/10
Pain & Rehab, 3/11/10, 2/11/10, 1/15/10
Bone & Joint Clinic, 11/5/09, 3/29/10
Peri-Operative Mental Health Evaluation: Goals/Plan/Justification (TDI)
Preauthorization Request, 5/11/10 (1 hour of 90801; 2 hours of 96101)
Response to Denial Letter, 4/20/10
ODG-TWC, Discography, Psychological Evaluations

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male who was injured on xx/xx/xx. He has undergone EMG, MRI and radiographic studies. His symptoms include pain in the right arm and almost complete loss of motion of the neck and upper extremities due to pain, spasm and guarding. He walks with his neck in a flexed position and is unable to extend the neck without getting severe radiculopathic symptoms in both arms, more so on the right. There is gross atrophy of the right upper extremity. The treatment team is considering a discography procedure. ODG guidelines specify that before discography can be performed, the patient must have satisfactory results from psychosocial assessment as subjects with emotional and chronic pain are associated with reports of significant prolonged back pain after injection and thus should be avoided. Accordingly, a request for a psychosocial history, mental status examination and 2 hours of specified testing, such as the BDI and BAI, are requested. The reviewer for the insurance company denied the request for two reasons: He states that an LPC cannot conduct a psychiatric diagnostic interview and that such a person could not interpret the data appropriately. Secondly, he objects to the performance of the discography stating some recent studies condemn its use as a preoperative indication for IDET of Fusion.

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

The question in this case is the medical necessity of one hour diagnostic interview and 2 hours mental health testing for this xx year old with a DOI of x/xx/xx. The patient is a candidate for discography. According to the guidelines, a discography procedure cannot be performed unless the patient has a “satisfactory results from psychosocial assessment”. According to the guidelines the patient must have satisfactory results from psychosocial assessment as subjects with emotional and chronic pain are associated with reports of significant prolonged back pain after injection and thus should be avoided. The ODG guideline in question requires an evaluation to essentially rule out any major mental health issues, specifically, to have a “satisfactory result”. The evaluation does not require a detailed list of psychopathology nor a treatment plan. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds that medical necessity does exist for 90801 – Psychiatric Interview (1 hour) and 96101 Psychological Testing, Per Hour With Physician (2 hours),

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)