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Notice of Independent Review Decision

DATE OF REVIEW: 8/6/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of psychological testing times 4 hours (96101).

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

The reviewer is a Ph D who is board certified in Psychology. This 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 with the previous adverse determination regarding the prospective medical necessity of psychological testing times 4 hours (96101).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from: 7/22/10 letter by, patient face sheet, 5/5/10 psychological testing script, 5/24/10 preauth request, 5/27/10 denial letter, 6/17/10 preauth request, 6/24/10 denial letter, 5/14/10 initial behavioral consult report by LPC, 5/14/10 addendum by LPC, 6/22/05 left knee MRI report, 6/9/05 left knee radiographic report and 10/25/02 operative report.

: 7/22/10 letter by, 7/22/10 IRO summary, TWCC 1 undated, 2/17/10 confirmation of switching doctor letter, 11/4/02 associate statement, 2/11/03 bona fide job offer, 10/22/02 to 6/25/03 reports by, 10/22/02 report by MD, 10/22/02 report by MD, 10/22/02 report by MD, 10/22/02 left knee CT report, 10/22/02 ER records, 10/22/02 to 9/14/04 left knee radiographic reports, 10/24/02 ECG report, 10/25/02 left knee radiographic report, 10/25/02 fluoroscopic report, 10/25/02 operative report, 10/27/02 urine culture report, 10/22 to 10/27/02 hematology reports, 10/22/02 to 6/24/03 lab panel reports, 11/4/02 script by Dr., 11/5/02 radiographic report, 11/5/02 to 9/29/05 reports by MD, 11/12/02 radiographic report, 3/25/03 script, 12/10/02 PT script, 12/10/02 radiographic report, rehab progress notes from 12/20/02 to 2/12/03, rehab flow sheets 12/20/02 to 2/10/03, 12/20/02 report by, 6/25/03 operative report, 8/11/03 left knee MRI report, 10/23/03 TWCC 69 and report, 9/23/04 MRI report, 10/18/04 operative report, 10/19/04 report by MD, various DWC 73 forms, 4/8/10 report by MD, 6/22/10 environmental intervention report, work compensation verification form 2/16/10, 7/29/05 letter by PT, 7/5/05 PT eval, 7/29/05 PT discharge eval, 2/14/03 PT discharge summary, 2/10/10 records request form and 2/10/10 DWC 53 form..

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx after falling several feet off a 15 foot ladder. The patient's left knee was injured in the incident. Her knee was operated on and she spent four days in the hospital after the fall. The patient has undergone two additional knee surgeries in June 2003 and October 2004. Dr. assigned a 4% impairment rating and placed the patient at Maximum Medical Improvement in October 2003.

The patient recently reports an increase in pain level. Her treating doctor, Dr. requested an Initial Behavioral Medicine Consultation (conducted by, MS, LPC) on May 14, 2010. The purpose of the evaluation was to "access the patient's emotional status and to determine the relationship to the work accident." In addition, a secondary purpose of the request was "to develop a treatment plan for the patient's recovery." According to, the patient is no longer taking any pain medication and describes her average pain level as a 5/10. The pain is described as an "aching, numbing, stabbing pain in her left knee." Difficulties with activities of daily living include problems with " yard work, exercise, sitting for more than two hours, standing for more than three hours, bending, squatting, and climbing stairs." The patient continues to work full-time.

The patient denies a significant psychiatric history. Her medical history is positive for an appendectomy in 1981, tubal pregnancy in 1983, and back surgery in 1999. Current psychiatric symptoms include sleep disturbance with insomnia and frequent awakenings per night. In addition, she reported the severity of the following symptoms: irritability and restlessness 7/10, frustration and anger 1/10, muscle tension and spasms 1/10, nervousness and worry 1/10, sadness and depression 1/10, sleep disturbance 3/10, and forgetfulness 1/10. Results of psychological testing via the Beck Inventories corroborate the patient's self-report of symptoms. The results of the Beck Inventories indicate minimal depressive and minimal anxiety symptoms. The patient scores on the Fear Avoidance Beliefs Questionnaire

indicated non-clinically significant fear and avoidance beliefs regarding work or physical activity. subsequently diagnosed the patient with an Adjustment Disorder, chronic secondary to the injury and also gave her a rule-out diagnosis of a Pain Disorder Associated with Psychological Factors and a General Medical Condition. Finally, recommended a formalized battery of psychological tests (to include the MMPI-2-RF) in order to obtain additional information for "optimal treatment planning."

Dr. denied the request for psychological testing on May 27, 2010 because "there is no justification for a psychological evaluation at this time. The patient has a year old injury, has had significant treatment to date, has not reportedly had recent active treatment, and has returned to work. Her psychological symptoms of distress are extremely low, indicating no necessity for further testing or treatment." A peer to peer phone call was attempted with Dr. who referred the call to Dr.. The peer to peer call reportedly was not completed with Dr.. A Reconsideration Request for Behavioral Health Testing was subsequently submitted on June 17, 2010. That request was denied by Dr., DO. Dr. continued the denial stating that "there is no new documentation provided upon which to base overturning the previous adverse determination."

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 05/28/2010, 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 MMPI-2 is included."

The patient has not reported any psychological conditions prior to the recent evaluation in May 2010 and has been working full-time. The patient completed initial psychological screenings that indicated minimal depressive and anxious symptoms, and non-clinically significant fears and avoidance beliefs regarding physical activity and returning to work. In addition, there does not appear to be any discrepancy observed by the clinician in the initial behavioral medicine consultation between physical functioning, pain level, pain disturbance, sleep disturbance, and emotional functioning. The patient's presentation and history are congruent. The patient has been functioning well to date and continues to work full-time. It is not medically necessary to obtain further information using psychological tests that have been approved by the ODG. The need for additional information for treatment planning has not been established at this time.

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)