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 Phone: (972) 931-5100
DATE OF REVIEW: 12/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic Psych Interview

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

This case was reviewed by a Texas licensed PHD, specializing in Psychology. The physician advisor has the following additional qualifications, if applicable:

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Diagnostic Psych Interview	90801	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Requestor Records	TDI	16	11/16/2010	11/16/2010
2	Appeal Denial Letter	Behavioral Health Associates	2	10/13/2010	10/13/2010
3	Psych Evaluation	Behavioral Health Associates	22	12/09/2008	10/29/2010
4	FCE Report	Pain & Injury Relief	9	06/02/2009	06/02/2009
5	IRO Request	TDI	2	11/16/2010	11/16/2010
6	Op Report	Hospital	2	02/02/2010	02/02/2010
7	Office Visit Report	Dr.	5	04/14/2008	02/05/2010
8	Office Visit Report	DC	17	01/25/2008	08/20/2010
9	Psych Evaluation	(Enhanced Interpretative Report)	6	09/19/2008	04/14/2009
10	Psych Evaluation	MS LPC	8	03/05/2008	09/19/2008
11	PT Notes	Rehab center	9	09/13/2010	09/30/2010

12	Initial Approval Letter		1	08/26/2010	08/26/2010
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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who on xx/xx/xx suffered a work related knee injury. The claimant was injured when he fell on his left knee. The claimant's submission is by, M.S., L.P.C. The claimant has been treated with conservative care, medications and surgery. The patient has recently been attending post surgery physical therapy sessions and a recent treatment update on 9/30/10 states that the patient "is showing improvement". However, a referral letter (checklist) requested a repeat diagnostic interview. The request by Ms. was a repeat diagnostic interview (90801 x 1). The reviewers noted that the current medical records do not thoroughly outline psychological risks factors. The request was denied. The request for a repeat diagnostic interview was denied on initial and upheld on an appeal level review. The request has been submitted for an IRO level review.

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

The patient had a total knee replacement on 02/02/10 and is attending post surgery physical therapy sessions. A repeat diagnostic interview was requested. The initial reviewer noted that the current medical records do not thoroughly outline psychological risks factors. Ms. provided an appeal letter on 10/13/10 requesting reconsideration of the request for a repeat diagnostic interview. However, the appeal documentation including a referral letter (checklist) did not specify the presence of psychosocial barriers to recovery. The appeal review again denied the request for repeat diagnostic interview. Thus, the documentation provided with this request did not identify any psychological factors that were contributing to delayed recovery from the patient's recent surgery. In fact, a recent treatment update on 09/30/10 indicated that the patient "is showing improvement". Without these data, the need for a repeat diagnostic interview (90801 x 1) can not be determined. ODG requires that psychological services only be provided for "an appropriately identified patient". Therefore, it is determined that the request for a repeat diagnostic interview (90801 x 1) is not medically reasonable or necessary

ODG requires that psychological services only be provided for "an appropriately identified patient" (Work Loss Data Institute, ODG ,2010).

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). ([Doleys, 2003](#)) 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. ([Main-BMJ, 2002](#)) ([Colorado, 2002](#)) ([Gatchel, 1995](#)) ([Gatchel, 1999](#)) ([Gatchel, 2004](#)) ([Gatchel, 2005](#)) (Work Loss Data Institute, ODG ,2010).

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)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 12/06/2010.