

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 9, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Appeal 5 hrs of psych testing (96101)

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

This physician is a Board Certified Psychiatrist with 19 years of experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On May 24, 2000, D.O. placed the claimant at MMI as of May 5, 2000 with a 21% whole person impairment based on the cervical spine and left ankle injury that took place on xx/xx/xx,

On January 17, 2008, M.D. performed a peer review. Dr. determined that the continued neck pain is a result of the exacerbation of his spondylosis, which led to effusion. He will need treatment on and off for his symptoms of pain. An anti-depressant may be beneficial for chronic pain. Long-term use of opioids is not recommended. He should try a non-steroidal anti inflammatory such as Naproxyn. The continued use of medications is necessary for his chronic pain syndrome. He will need continued treatment on and off for an unknown period of time.

On July 23, 2008, PA-C, evaluated the claimant. He has no pain in his left elbow, just bursitis. He states he has pain in the left shoulder. The numbness in his hands is worse on the left and usually present when he drives. Impression: Olecranon bursitis, shoulder impingement, carpal tunnel syndrome.

On August 27, 2008, the claimant was evaluated at Hospital District with complains of "feeling something in his elbow".

On December 31, 2008, the claimant was evaluated at Hospital District with complains of "left shoulder pain".

On January 22, 2009, M.D, evaluated the claimant. He presented with complaints of neck pain at a 10 out of 10 on the VAS scale. Symptoms include: Crepitus, neck stiffness, numbness and weakness in both arms, neck spasms and headaches. He has tried psychical therapy and a TENS unit with no relief. His prescriptions include: Oxycodone 10.5 mg tid, Methadone 10 mg, 1-2 at night. An MRI of the cervical spine dated February 4, 2008 revealed C3-4 mild to moderate stenosis, C4-5 solid Interbody fusion, C5-6 mild to moderate central stenosis, C6-7 mild left neural foraminal narrowing associated with unciniate spur. T2-3 and T405 disc bulging present. Dr. D/C Methadone and Oxycodone and give Dialudid 4 mg and Cymbalta 30 mg. He was referred to a neurosurgeon.

On February 11, 2009, the claimant was evaluated at Hospital District with complains of "follow up on pain medications".

On February 25, 2009, the claimant was evaluated at Hospital District with complains of "medications consult".

On June 8, 2009, the claimant was evaluated at Hospital District with complains of "left shoulder and neck pain".

On October 26, 2009, the claimant was evaluated at Hospital District with complains of "medication consultation".

On December 29, 2009, the claimant was evaluated at Hospital District with complains of "left sided pelvic pain".

On February 26, 2010, the claimant was evaluated at Hospital District with complains of "medication refill and cervical pain".

On March 4, 2010, the claimant was evaluated at Hospital District with complains of "left knee pain".

On April 15, 2010, the claimant was evaluated at Hospital District with complains of "consultation about medication and surgery".

On September 9, 2010, M.D., a pain management physician evaluated the claimant. He has complaints of neck pain with radiation across the shoulder as well as low back pain. Impression: Cervical radiculitis, lumbar radiculitis, status post ACDF, thoracic pain, and reactive depression secondary to above. Dr. prescribed Lyrica 50 mg twice daily.

On October 4, 2010, the claimant underwent a psychological evaluation. He reported his moods to be consisting primarily of frustration due to the limits of pain. He has persistent anger in regard to "the insurance deal.they got control". He feels that his pain has been under treated. Ph.D. recommended 5 hours of psychological testing.

On November 2, 2010, M.D. a psychologist, performed a utilization review on the claimant. Rational for Denial: The documentation submitted elaborate the claimant having thoracic, cervical, bilateral shoulder, and hand pain. Evidence based guidelines recommend psychological evaluation based upon the clinical impression of psychological condition that might impact recovery. The claimant's original date of injury in xx/xx/xxxx. Further diagnostic testing should distinguish between conditions that are pre-existing or aggravated by the current injury. The clinical notes detail that the patient has not worked in over a year. The psychological assessment dated 10/4/10 fully elaborates to the claimant's capabilities as well as the claimant's coping skills. The claimant's deficits do not warrant going outside guideline recommendations. Therefore, it is not certified.

On November 24, 2010, M.D., a psychiatrist, performed a utilization review on the claimant Rational for Denial: The claimant complained of neck and upper back pain and shoulder pain. The claimant underwent a psychological evaluation on 10/4/10. The claimant would benefit from additional testing, however the request for 5 hours of testing would be excessive given the proposed assessments. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, the claimant sustained an injury to the neck and left ankle when 2,000 pounds of glass fell on him, pinning him between the A-frame holding the glass and his truck.

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

It is my medical opinion that further psychological testing would not provide additional insight into what appears to be a chronic pain syndrome, now over twelve years after the fact. The psychological evaluation performed on October 4, 2010, provides more than enough information for incorporation into a pain management treatment plan. Therefore, the previous decisions are upheld.

Per the ODG:

Psychological Testing:

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](#)) For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. ([Gatchel, 1999](#)) Childhood abuse and other past traumatic events were also found to be predictors of chronic pain patients. ([Goldberg, 1999](#)) Another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. ([Linton, 2002](#)) Other studies and reviews support these theories. ([Perez, 2001](#)) ([Pulliam, 2001](#)) ([Severeijns, 2001](#)) ([Sommer, 1998](#)) In a large RCT the benefits of improved depression care (antidepressant medications and/or psychotherapy) extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status. ([Lin-JAMA, 2003](#)) 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 2nd ed - Battery for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory [has been

superceded by the MBMD following, which should be administered instead], (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](#)) Chronic pain may harm the brain, based on using functional magnetic resonance imaging (fMRI), whereby investigators found individuals with chronic back pain (CBP) had alterations in the functional connectivity of their cortical regions - areas of the brain that are unrelated to pain - compared with healthy controls. Conditions such as depression, anxiety, sleep disturbances, and decision-making difficulties, which affect the quality of life of chronic pain patients as much as the pain itself, may be directly related to altered brain function as a result of chronic pain. ([Baliki, 2008](#)) Maladjusted childhood behavior is associated with the likelihood of chronic widespread pain in adulthood. ([Pang, 2010](#)) Psychosocial factors may predict persistent pain after acute orthopedic trauma, according to a recent study. The early identification of those at risk of ongoing pain is of particular importance for injured workers and compensation systems. Significant independent predictors of pain outcomes were high levels of initial pain, external attributions of responsibility for the injury, and psychological distress. Pain-related work disability was also significantly predicted by poor recovery expectations, and pain severity was significantly predicted by being injured at work. ([Clay, 2010](#)) See also [Comorbid psychiatric disorders](#). See also the [Stress/Mental Chapter](#).

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](#)) See also [Psychological evaluations, SCS](#) (spinal cord stimulators) & the [Chronic Pain Chapter](#).

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)