Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 01/29/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Psychological Screening Using Psychological Testing

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Diplomate of American Board of Psychology and Neurology
Board Certified in Psychiatry, Addiction and Forensic Psychiatry, and Pain Medicine

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.

Psychological Screening Using Psychological Testing –UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Orthopedic Consul, M.D., 07/31/08
- Right Knee MRI, M.D., 08/27/08
- Orthopedic Report, Dr., 08/28/08, 10/13/08, 11/21/08, 04/20/09, 06/08/09, 11/19/09

- Lumbar Spine MRI, Dr., 11/06/08
- Computerized Muscle Testing and Range of Motion, Allied Diagnostics, 11/21/08, 11/19/09
- Pre-Authorization Review Summary, 12/01/08, 02/09/09, 07/01/09, 07/10/09, 12/07/09, 12/16/09
- Designated Doctor Evaluation (DDE), D.O., 12/12/08
- Operative Report, Dr., 02/24/09
- DDE, D.O., 04/09/09
- Physical Performance Evaluation (PPE), Marconi Physical Performance Testing, 04/09/09
- Procedure Orders, Dr., 06/25/09
- Physician Adviser Review, Intracorp, 07/09/09
- Correspondence, Dr., 07/30/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained injuries to her right elbow, right knee and back when she slipped on stairs, fell onto her buttocks and rolled onto her right side and tumbled over. An MRI of the right knee and lumbar spine were performed. She had also undergone facet injections. She was treated with Naprosyn, Ultram and Zanaflex.

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

In my opinion, the psychological screening using psychological testing is not medically reasonable and necessary.

The patient does not have clear evidence that surgical intervention is medically necessary and reasonable. She is currently pending CCH for approval of additional conservative care that is required prior to surgery. The Designated Doctor Examination found the patient no longer in need of further treatment other than over-the-counter pain medications.

Additionally, reference in the ODG Mental Illness and Stress Chapter for Psychological Screening states that it is recommended as an option prior to surgery or in cases with expectations of delayed recovery. Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standard tests such as MMPI and Waddell signs. A recent study concluded that psychological distress is a more reliable predictor of back pain than most diagnostic tests. The new ACT/APS Guideline as compared to the old AHCPR Guideline is a bit stronger on emphasizing the need for psychosocial assessment to help predict potentially delayed recovery. For more information, see the Pain Chapter and Stress Mental 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)**