



Notice of Independent Review Decision

DATE OF REVIEW: 01/05/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychological testing.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in private practice of Pain Management full time since 1993

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been established to prove a repeat psychological review and evaluation.

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp.</i>						<i>Upheld</i>

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 12/07 & 11/20/09, including criteria used in denial.
3. Encounter summary 08/21/09 and notes 06/23, 08/18 & 09/30/09.
4. Peer review regarding use of TENS unit 02/20/09.
5. Psychologist's request for evaluation 11/17/09.
6. Independent medical examination 07/27/09, and reevaluation 08/25/09.
7. Orthopedic evaluation and plan 05/28/09.
8. Independent medical evaluation (pain management) 03/25/09.
9. Independent medical evaluation (pain management) addendum 07/03/09.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has chronic back pain after injury. There is a history of pre-existing back issues. A disc replacement was performed, and there was postoperative infection. Chronic back pain persists. Multiple modalities have been utilized including physical therapy, medications, and a behavioral pain management program. A thorough psychological evaluation was performed and significant psychological issues including severe depression were found.

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

The ODG Guidelines support a psychological evaluation prior to considering major invasive measures. Dr. opines that the psychological evaluation was invalid. He mentioned several events stated in Dr. notes that are in error. That may be the case, but some errors do not invalidate the entire evaluation. This individual has a history of depression and psychological issues. One may disagree with all of Dr. opinions regarding future treatment, but it is obvious that this injured worker is a poor candidate for additional invasive measures, i.e. surgery. Reviewing the psychological tests may change some details of the evaluation, but there would be no change in the overall conclusion. Therefore, it is not reasonable or necessary to repeat and review the psychological testing.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)