

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 6/3/2010  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

(96101) Psychological Tests (3 hours) to include MBMD, BHI-2

**QUALIFICATIONS OF THE REVIEWER:**

Psychiatry, Psychiatry Child & Adolescent

**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)

(96101) Psychological Tests (3 hours) to include MBMD, BHI-2 Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Notice to dated 5/14/2010
  2. Notice of assignment dated 5/14/2010
  3. Request form dated 5/13/2010
  4. IRO request form dated 5/13/2010
  5. Fax page dated 5/13/2010
  6. Letter Lvn, dated 4/29/2010
  7. Letter LVN, dated 4/29/2010
  8. Fax page dated 4/22/2010
  9. Preauthorization request dated 4/22/2010
  10. Preauthorization request MS, dated 4/22/2010
  11. Preauthorization request MS, dated 4/22/2010
  12. Letter RN, dated 3/31/2010
  13. Letter by author unknown, dated 3/31/2010
  14. Letter by author unknown, dated 3/31/2010
  15. Note RN, dated 3/30/2010
  16. Preauthorization request dated 3/25/2010
  17. Patient face sheet dated 3/25/2010
  18. Patient face sheet dated 3/25/2010
  19. Patient face sheet dated 3/25/2010
  20. Pre authorization request dated 3/25/2010
  21. Medicine consultation MA, dated 3/19/2010
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22. Addendum note MA, dated 3/19/2010
23. Medicine consultation MA, dated 3/19/2010
24. Addendum note MA, dated 3/19/2010
25. Final report by MD, dated 3/8/2010
26. Final report by MD, dated 3/8/2010
27. Fax page dated 2/25/2010
28. Fax page dated 2/25/2010
29. Operative report MD, dated 6/10/2009
30. History note by MD, dated 5/15/2009

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a female who sustained a work-related injury on xx/xx/xx to her left shoulder, upper extremity, and neck while performing her customary duties as a stylist. She had spent time with a lot of clients who required blow drying, round brushing, and flat ironing. At the end of the day her left shoulder felt tense and sore. She was diagnosed with shoulder strain/sprain. She underwent 6 weeks of physical therapy and it was discovered that she had a bone spur. She received 2 injections and on 06/10/09 she underwent left arthroscopic subacromial decompression and arthroscopic guided placement of On-Q pain pump in subacromial space. The injured employee continued to have pain travelling down her arm to her hands with numbness in the last 2 digits of her left hand. She rates her average daily pain as 8/10 with spikes up to 10/10. She describes it as stabbing/aching pain with pins and needles radiating down her left arm. She can no longer hold or pour a whole gallon of milk and has difficulty writing. She worries about returning back to work to provide for her family. She is unable to groom her own hair or play with her children. She describes her overall functioning at 50%. She was diagnosed with Adjustment Disorder with Anxiety, secondary to the work injury.

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

Psychological testing 3 hours to include MBMD, BHI-2 is medically necessary.

The injured worker sustained a work related injury and suffered physical and psychological trauma. Psychological testing is required to elucidate her beliefs, attitudes and expectations about her subjective pain experience and health concerns. This information would aid in establishment of individualized treatment goals that incorporates the bio-psychosocial factors influencing this patient's current affective distress and adjustment difficulties with regards to her work injury. This is in accordance with ODG Treatment Guidelines for psychological evaluations. The recommendation is to overturn the previous denial.

**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)