

C-IRO Inc.

**An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/25/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

96150 Diagnostic Psychological Interview for Pre-Surgical Screening x8 Units
96101 Psychological Testing with MMPI for Pre-Surgical Screening x4 Units

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman injured in xx/xxxx. She had intractable back pain. Dr. felt the problem included discogenic pain. Her radiological studies showed a pars defect, mild spondylolithesis, and degenerative changes. Several doctors felt she had a radiculopathy. She failed to improve with ESIs and therapy. Her FCE in 2003 was limited by functional overlay. She was felt to be opioid dependent. Dr. evaluated her in 2004 and felt she was a poor candidate for surgery and advised a pain program to work on opiate dependency and functional deficits. She was enrolled in a pain program in 2004, but failed in the program and dropped out. Dr. felt she needed to be weaned from the morphine and increased activity. She had additional pain and Dr. felt she needed to be back on the opiates and argued for a discogram and a spinal fusion. Dr. saw her in 1/06 prior to the spinal fusion. He felt she had an altered self image, and was opioid dependent. He advised reducing her pain medications before surgery was attempted. Dr. argued for the discogram and surgery. Multiple doctors agreed with the discogram. The discogram was performed in 12/05. Dr. felt the discogram did not reproduce her pain.

Dr. noted (2/7/06) that this patient "appears convinced surgical intervention is required to address her predicament of chronic pain..." Dr. disagreed and felt her expectations were "realistic." A repeat FCE in 3/06 showed her anxiety over the fear of pain. Dr. considered a spinal stimulator in 7/06.

Dr. noted that Dr. saw surveillance films showing different functional levels than seen in the clinics. Dr. arranged for Brevital studies in 8/06. She failed this testing, but passed a spinal block. Dr. felt she was appropriate for surgery, but "not a candidate for a spinal cord stimulator." She went off the morphine prior to the surgery in 2007. She underwent a 360 degree fusion at L5/S1 in 2007 because no other source of pain could be determined but she failed to improve. Dr. felt the pain was from a post-laminectomy syndrome. Dr. advised that a stimulator be reconsidered in 2007. Dr. (10/8/07) felt she needed to see Dr., a pain psychiatrist. He wrote "that I do not feel comfortable recommending a stimulator at this point..." He would consider it only if Dr. "thinks that she may be a candidate for a trial of spinal cord stimulation that would be the only way that I would in fact intervene with that trial." Dr. noted that this was useless, as the insurance would not likely cover this. Dr. noted in his 5/9/08 note that the insurance company had agreed for a psychological assessment at the Spine Rehab Chronic Pain Program. She went on 9/9/08. Dr. noted she was going to see Dr. Parks about treatment. Dr. advised weaning her from the opiates and improving her function. Dr. advised her to have the spinal stimulator or pump in 2009, but noted her reluctance. He referred her to Dr. for the stimulator evaluation. She was evaluated for diabetic vascular and nerve pain. Neither was felt to be a cause. He saw her in 7/09 and suggested she have the psychological evaluation. He felt she was a good candidate (2/2/10). Dr. advised Dr., but Dr. wanted Dr..

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

Several doctors advised against the discogram, but it was eventually done and did not show discogenic concordant pain. Several doctors advised against back surgery and she had the fusion, but failed to improve. Several doctors question the spinal stimulator, but Dr. feels it is the only treatment left to offer the patient. Dr. did not feel she was appropriate for the spinal cord stimulator. Dr. sent her to Dr. who felt she was a candidate. Dr. sent her to Dr. for psychiatric assessment, but I did not see a report from him. She saw Dr. who deferred on the device. A critical point in the assessment for the spinal stimulator is the psychological assessment. True, she had multiple psychological assessments that advised opiate reduction, but none were successful.

None of the reports reviewed addressed her as a candidate for a spinal stimulator. My impression after reading the nearly 500 pages is that she is not likely to be a candidate for the device. However, the question in this review is whether she needs the psychological assessment. I concur that it is medically necessary to the extent that it would exclude the

creation of iatrogenic problems. The reviewer finds that medical necessity exists for 96150 Diagnostic Psychological Interview for Pre-Surgical Screening x8 Units and 96101 Psychological Testing with MMPI for Pre-Surgical Screening x4 Units.

Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators)

Recommended pre intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. See the Stress & Mental Conditions Chapter.

Psychological screening

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 (Minnesota Multiphasic Personality Inventory) and Waddell signs. (Scalzitti, 1997) (Fritz, 2000) (Gaines, 1999) (Gatchel, 1995) (McIntosh, 2000) (Polatin, 1997) (Riley, 1995) (Block, 2001) (Airaksinen, 2006) A recent study concluded that psychological distress is a more reliable predictor of back pain than most diagnostic tests. (Carragee, 2004) The new ACP/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. (Shekelle, 2008) For more information, see the Pain Chapter and the Stress/Mental Chapter.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)