

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: May 12, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychological testing for 4 hours to include the MMPI-2-RF and MBMD.

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

GENERAL AND FORENSIC PSYCHIATRIST
BOARD CERTIFIED BY THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Diagnostic Center, 06/24/96
- Hospital, 06/15/96, 08/15/96, 09/12/96
- imaging, 06/10/04, 05/25/05
- M.D, P.A., 01/25/05, 10/11/05, 01/05/06, 08/15/06, 01/30/07, 07/24/07
- M.D, F.A.C.S., 01/31/05, 02/17/05
- Hospital, 02/22/05
- M.D., 03/08/10
- Injury 1 03/17/10
- M.D., 03/30/10
- Solutions, Inc., 03/30/10
- Ph.D., 04/23/10

PATIENT CLINICAL HISTORY:

The disputed issues are psychological testing. Recommendation: Upheld the insurer findings.

The patient reportedly was injured in xx/xx while lifting boxes. The patient had a degenerative disease and possibly a more acute injury on the cervical spine.

The patient has had two subsequent surgeries. The patient improved substantially, as documented in the medical records, following the second surgery and has been working full time.

The patient is taking only nonnarcotic pain medications. The notes indicate treatment with an anti-depressant in 2005.

The patient reportedly did well between January of 2007 and when she represented to, M.D., on March 8, 2010. In his review of systems, he does not indicate any depression or anxiety. He does not indicate any psychological complaints in the physical examination, but for some reason includes in his plan individual counseling.

The patient has an initial behavioral medicine consultation on March 17, 2010. At that time, it is noted that the patient was working full time. She notes mild interference with her pain. They indicate that the patient has no record of mental disorder or emotional issues. They note her mood to be anxious. The patient is given the Beck Depression Inventory which scores a 14, indicating mild depression symptoms, and Beck Anxiety Inventory of 20, indicating moderate symptoms. They recommend further psychological testing and an evaluation for medications. On a subsequent peer review, these are not authorized.

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

The initial psychological evaluation is inadequate to substantiate the medical necessity of the proposed testing. It indicates that a review of records was accomplished, but there is no mention of the prior treatment with Wellbutrin and explanation for the large period of time when the patient was not receiving treatment or adequate clarification of whether the current pain is related to the injury or other conditions. The patient has a number of conditions which can be associated with pain symptoms, as well as emotional symptoms, and the status of those conditions is not reviewed in an initial psychological evaluation. Thus, while psychological evaluations and testing are recommended, additional information should be obtained from collateral records prior to engaging in additional psychological testing.

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)