



Notice of Independent Review

Decision-WC

CLAIMS EVAL

Utilization Review and Peer Review Services

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 4-15-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychological tests (96100) x 2 hours to include MBMD

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

Psychologist

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- DO., office visits on 1-23-10 and 3-15-10.
2-9-10 Initial Behavioral Medicine Consultation -, LPC-Intern
, MS, CRC, LPC, Clinical Supervisor.
2-24-10, PhD., performed a Utilization Review.
3-17-10, MS, CRC, LPC., provided a reconsideration request.
3-23-10, PhD., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On 1-23-10, DO., the claimant is a male who was injured on xx/xx/xx when he was pushing a brake machine, which was quite heavy. He felt a pain in his groin and has had pain and numbness since then. He was found to have a left inguinal hernia and he had hernia repair surgery on 05/07/09 with meshing. He was given Hydrocodone, which he stated was an allergy for him, after surgery. He took the pain medication not realizing his allergy. He developed intractable nausea and vomiting, proceeding with dry heaves. Since that time, he felt a pop in his left groin and has bad numbness in his left groin and pain since that time. His pain extends down to the medial knee. He has not had physical therapy. He has not had nerve testing. He has not seen the second opinion general surgeon since that time. He was

referred to Injury One Treatment Center for work up and evaluation. On exam, He has numbness, tingling, and dysesthesia in his left groin. The evaluator did not perceive a new hernia. However, he has numbness and tingling with pain going down his left leg. Impression: Left inguinal hernia, status post surgical repair with possible extension of the hernia or tearing of the meshing and neuropathic pain, left groin and left leg. The evaluator recommended no work x 30 days - the claimant has been terminated from his place of employment Physical therapy evaluation and treatment. Obtain all outpatient records and x-rays, EMG/NCV of the left leg and groin, second opinion general surgery consultation. Prescription for Lyrica 75mg, 60 tablets, 1 po bid, 3 refills, for neuropathic pain.

On 2-9-10 Initial Behavioral Medicine Consultation -, LPC-Intern

, MS, CRC, LPC, Clinical Supervisor: The claimant was referred for a behavioral health consultation at the directive of his treating physician, , DO He requested we evaluate Mr. to determine his treatment needs. He specifically asked that we formally evaluate his emotional status and subjective pain to assess the relationship to the work accident and to determine his suitability for progression to some sort of low-level behavioral treatment. The results of the interview are based on the assumption that the claimant provided accurate information throughout the assessment process. The claimant stated that he sustained a work related hernia injury on 04/16/09 while performing his customary duties as an employee for Wells Fargo, Inc. Per report, the claimant had been employed with the company for approximately 1 year and 5 months at the time of the work injury. He states that, while at work, he was pushing a brake machine, which was quite heavy, when he felt a pain in his groin. He further states that he felt a pop in his left groin and has had pain and numbness since that time with pain extending down to the medial knee. The claimant was found to have a left inguinal hernia and he had hernia repair surgery on 05/07/09 with meshing. Following surgery, he was given Hydrocodone; which he stated he was allergic to and developed intractable nausea and vomiting with dry heaves. His doctor, , DO, has asked us to assess his suitability for some level of behavioral health care, secondary to persistent pain and adjustment issues. The claimant self rates his current pain level as 6/10, on a scale of 1 to 10, 'with 10 being the worst, He reports his average pain level as 6/10, with intermittent elevations to 8/10 since the injury. He describes having numbing pain in the left side of his groin with aching pain radiating down his left lower extremity. When asked to quantify the level of interference his pain has on his recreational, social, and familial activities, he rates these all as 7/10; for pain interference with normal activities as, 7/10; and change in ability to work, 10/10. The claimant reports having hypertension, treated with medication. He also relates a previous suicide attempt 20 years ago, without any subsequent mental health treatment. He relates that he was independently functioning and working prior to 04/16/09. The claimant's appearance was disheveled. He was cooperative throughout the interview. He was oriented times five to date, person, place, situation, and time. His motor activity and attention were deemed as normal. His memory for both recent and remote events was intact. His speech was rapid. His mood was anxious. His affect was broad. Intellectual functioning indicated that the claimant struggled to comprehend and answer questions. His thought process indicated limited content. His thought content was positive for ruminations. He did not hallucinate or have delusions. Judgment, insight, and impulse control were all deemed to be fair. No current risk factors were indicated. When asked to quantify his symptoms numerically, the claimant reveals the following: irritability and restlessness, 4/10; frustration and anger, 2/10; muscle tension/spasm, 2/10; nervousness and worry, 5/10; sadness and depression, 1/10; sleep disturbance, 3/10; and forgetfulness, 3/10. VAS endorsements appeared incongruent with self-report and observations. Based upon the information gathered through the clinical interview, mental status exam, behavioral observations, claimant symptom rating scale, and

pain drawing, the following is a multi-axial diagnosis: Axis I: Adjustment Disorder Unspecified, secondary to the work injury. Axis II: no diagnosis. Axis III: Injury to upper groin. Axis IV: Primary support group, Social Environment, and occupational issues. Axis V: GAF= 60 (current) Estimated pre-injury GAF = 85+. The claimant reportedly suffered a work related injury on 04/16/09. The injury and pain are significantly impeding this claimant's ability to fill job duties and perform other activities of normal daily living. He is endorsing significant levels of irritability and agitation, but tends to minimize affective disturbances. A formalized battery of psychological tests, including the MBMD are requested. Objective assessment would elucidate the claimant's beliefs, attitudes, and expectations about his subjective pain experience and health concerns. This information would aid in establishment of individualized treatment goals that incorporates the biopsychosocial factors influencing this claimant's current affective distress and adjustment difficulties with regards to his work injury.

On 2-24-10, , PhD., performed a Utilization Review. The evaluator noted the necessity of this request could not be established. The initial assessment provided a diagnosis and severity of current psychological symptoms (minimal psychological symptoms). The rationale provided for additional psychological assessment of this claimant is not individualized and does not meet ODG criteria for additional psychological evaluation. ODG requires that psychological services only be provided for "an appropriately identified claimant" and no psychological "risk factors" have been identified that would justify the need for additional psychological assessment. It is recommended that the request for psychological testing (96100) x 2 hours is not reasonable or necessary at this time. The evaluator contacted Dr. for additional information. The requested assessment was discussed.

3-15-10, DO., the claimant is here for follow up of left groin pain and left groin numbness, status post an injury on 04/16/09. He had an inguinal hernia, which was operated on 05/07/09. Since that time, he has had "intractable pain". We have requested a second opinion general surgery evaluation. This has not been done as of yet. The evaluator recommended placing him on light duty multiple work restrictions. Second opinion general surgery consultation as soon as possible. He received no written prescriptions.

3-17-10, MS, CRC, LPC., provided a reconsideration request. In the letter of non-authorization, dated 02-24-10, Dr. states, "the initial assessment provided a diagnosis and severity of current psychological symptoms (minimal psychological symptoms). The rationale provided for additional psychological assessment of this claimant is not individualized and does not meet ODG criteria for additional psychological, evaluation. ODG requires that psychological services only be provided for 'an appropriately identified claimant' and no psychological 'risk factors' have been identified that would justify the need for additional psychological assessment." The provider reported that they have followed the "stepped-care" approach as suggested by ODG. The psychological testing is requested in order to per ODG recommendations) conceptualize the claimant's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. This was clearly indicated in the initial behavioral medicine consultation conducted on 02-09-10. Regarding Dr. 's statement that "no psychological 'risk factors' have been identified," Dr. has misconstrued the statement in the evaluation "no current risk factors were indicated," meaning no current suicidal or homicidal ideation, intent, plan, or risk factors for suicide/homicide were identified in the evaluation, not to say that there were no "risk factors for delayed recovery." We continue to assert that a brief formal psychological assessment would be useful for treatment planning for Mr., and this requested service is supported by ODG.

On 3-23-10, , PhD., performed a Utilization Review. The reviewer noted he discussed this case and requested procedure with Dr.. The clinical indication and necessity of this procedure could not be established. The mental health evaluation of 02/09/10 finds impressions of "adjustment disorder, unspecified, secondary to the work injury." This is not a recognized diagnosis; and "such non-diagnoses prevent credibility from being established for any treatment plan." [Official Disability Guidelines. (2009). Mental illness & stress.]. The cause of the claimant's continuing pain complaints has not been established [Aasvang E. K., et al. (2008). Neurophysiological characterization of post herniotomy pain. Pain, 137(1), 173-181]; and it is not reasonable to attempt further assessment for presumed adjustment to a problem which is undefined. The use of this test to "understand the consequences of the pain" does not provide any help for the claimant. There is insufficient evidence to support the use of the MBMD for this purpose in claimants where the principal problem is chronic benign pain [Fishbain, D. A., et al. (2006). Chronic pain and the measurement of personality: Do states influence traits? Pain Medicine, 7(6), 509-529]; and post-market normative data on chronic pain claimants is not known to the requester for comparison [Labbee, E. E., et al. (1989). Millon Behavioral Health Inventory norms for chronic pain claimants. Journal of Clinical Psychology, 45(3), 383-390]. Professional time for this type of instrument, in a behavioral medicine evaluation, is significantly less than the time requested [Camara, W. J., et al. (2000). Psychological test usage: Implications in professional psychology. Professional Psychology: Research and Practice, 31 (2), 141-154], reflecting a lack of awareness of appropriate use of the instrument. The offered argument that the MBMB is listed in ODG is a spurious one. That this test is "listed" in ODG Guidelines is not relevant (the list is merely pasted from the Colorado Workers' Compensation Guidelines, without further review or critical comment). Which tests are actually chosen in psychological evaluation must be done on the basis of the specific diagnostic or descriptive purpose, along with knowledge of the relevant post-market reliability, validity, and normative data. The above issues were not adequately addressed in the appeal letter of 3/17/2010 nor in today's consultation. The evaluator was not able to establish a basis that this assessment is both reasonable and necessary at this time. Non-approval is recommended.

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

The patient has an injury date of xx/xx/xx. He has had diagnostics and medications for his injury. He had a surgery on 4/16/09 followed by a reaction to hydrocodone he was given that caused increased groin pain. He was reportedly terminated from his job. A note from Dr. dated 1/23/10 notes that "psychological" is recommended "to help decrease disability" yet no specific symptoms of psychological distress are noted. A psychological evaluation on 2/09/10 notes that the patient has a pain level of 6/10, a BDI within the 'minimal' range, and a BAI of 7. He was diagnosed with Adjustment Disorder. Problems were noted on the MMSE to include the patient presenting as anxious, with rapid speech, with problem in thought processing, and decreased comprehension. While psychological testing is often used for chronic pain patients, there is little documentation regarding any psychological issues present. The problems noted on the MMSE are not clearly explained and raise the question about whether the patient could even appropriately complete testing. A diagnosis was given and it is unclear what other issues would be delineated by the MBMD. Based on the available information, the request does not appear to be reasonable and necessary, per evidence-based guidelines.

ODG-TWC, last update 4-8-10 Occupational Disorders Pain - Psychological testing:

Recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). (Doleys, 2003)

Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. (Main-BMJ, 2002) (Colorado, 2002) (Gatchel, 1995) (Gatchel, 1999) (Gatchel, 2004) (Gatchel, 2005) For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. (Gatchel, 1999) Childhood abuse and other past traumatic events were also found to be predictors of chronic pain patients. (Goldberg, 1999) Another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. (Linton, 2002) Other studies and reviews support these theories. (Perez, 2001) (Pulliam, 2001) (Severeijns, 2001) (Sommer, 1998) In a large RCT the benefits of improved depression care (antidepressant medications and/or psychotherapy) extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status. (Lin-JAMA, 2003) See "Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation, which describes and evaluates the following 26 tests: (1) BHI 2nd ed - Battery for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory [has been superseded by the MBMD following, which should be administered instead], (3) MBMD - Millon Behavioral Medical Diagnostic, (4) PAB - Pain Assessment Battery, (5) MCMI-111 - Millon Clinical Multiaxial Inventory, (6) MMPI-2 - Minnesota Inventory, (7) PAI - Personality Assessment Inventory, (8) BBHI 2 - Brief Battery for Health Improvement, (9) MPI - Multidimensional Pain Inventory, (10) P-3 - Pain Patient Profile, (11) Pain Presentation Inventory, (12) PRIME-MD - Primary Care Evaluation for Mental Disorders, (13) PHQ - Patient Health Questionnaire, (14) SF 36, (15) SIP - Sickness Impact Profile, (16) BSI - Brief Symptom Inventory, (17) BSI 18 - Brief Symptom Inventory, (18) SCL-90 - Symptom Checklist, (19) BDI-II - Beck Depression Inventory, (20) CES-D - Center for Epidemiological Studies Depression Scale, (21) PDS - Post Traumatic Stress Diagnostic Scale, (22) Zung Depression Inventory, (23) MPQ - McGill Pain Questionnaire, (24) MPQ-SF - McGill Pain Questionnaire Short Form, (25) Oswestry Disability Questionnaire, (26) Visual Analogue Pain Scale – VAS. (Bruns, 2001) Chronic pain may harm the brain, based on using functional magnetic resonance imaging (fMRI), whereby investigators found individuals with chronic back pain (CBP) had alterations in the functional connectivity of their cortical regions - areas of the brain that are unrelated to pain - compared with healthy controls. Conditions such as depression, anxiety, sleep disturbances, and decision-making difficulties, which affect the quality of life of chronic pain patients as much as the pain itself, may be directly related to altered brain function as a result of chronic pain. (Baliki, 2008) Maladjusted childhood behavior is associated with the likelihood of chronic widespread pain in adulthood. (Pang, 2010)

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)