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DATE OF REVIEW: 11/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychological Evaluation (Pre-Surgical)

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

This case was reviewed by a Texas licensed PHD, specializing in Psychology. The physician advisor has the following additional qualifications, if applicable:

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Psychological Evaluation (Pre-Surgical)	90801	-	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	18	10/11/2010	10/11/2010
2	Designated Doctor Report	MD	13	06/24/2010	06/24/2010
3	Diagnostic Test	Imaging	4	11/18/2008	11/18/2008
4	FCE Report	DD	5	02/22/2010	02/22/2010
5	IRO Request		3	10/14/2010	10/14/2010
6	Office Visit Report	DC	11	04/12/2010	09/13/2010
7	Office Visit Report	MD	1	05/18/2010	05/18/2010
8	Office Visit Report	MD	5	07/06/2010	08/17/2010
9	Office Visit Report	MD	2	05/17/2010	05/17/2010
10	Initial Denial Letter	Services	7	09/01/2010	09/20/2010
11	Diagnostic Test		4	11/18/2008	11/18/2008
12	IRO Request	TDI DWC	1	10/11/2010	10/11/2010

13	Office Visit Report	DC	24	10/16/2008	09/22/2010
14	Office Visit Report	MD	3	07/06/2010	08/17/2010
15	FCE Report	Neurology & Rehab	49	03/25/2009	02/22/2010
16	PT Notes	The Neuromuscular Institute of	12	09/15/2009	04/26/2010

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who on xx/xx/xx suffered a work related shoulder injury after having fallen at work. The claimant was treated initially by Dr. DC. The claimant was treated with conservative care, medications, injections and eventually surgery. A medical update on 08/17/10 by Dr. recommends back surgery (decompression and discectomy). A medical update on 08/18/10 by Dr. noted that Dr. stated that the patient was surgical candidate and recommended a "pre-surgical" psychological evaluation. The request was for a "pre-surgical" psychological evaluation (90801 x 1). A Designated Doctor's Evaluation on 06/24/10 concluded that the patient was not at Maximum Medical Improvement. The initial reviewers on this request, noted that for this claimant, that there was no evidence of psychological symptoms and the request was denied on initial and upheld on appeal. The request is for an IRO level review.

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

A "pre-surgical" psychological evaluation has been requested. ODG recommend psychological screening/evaluations "prior to surgery" and "clinicians should consider referral for psychological screening to improve surgical outcomes". A medical update on 08/17/10 by Dr. recommends back surgery (decompression and discectomy). A pre-surgical psychological evaluation was then requested. The initial reviewer noted that "I could find no overt psychological problems or basic evaluations" and the appeal review noted that "there is no indication of a psychological concern with this claimant". However, pre-surgical psychological evaluations are often administered to detect psychological risk factors that may not be apparent to the physician recommending the surgery. ODG states that "clinicians should consider referral for psychological screening to improve surgical outcomes and ODG (for discectomy) states that psychological screening "could affect surgical outcome". The fact that there was no recent documentation of "overt psychological problems" is not a valid justification for denial and is inconsistent with ODG. Therefore, it is recommended that the request for a "pre-surgical" psychological evaluation (90801 x 1) is medically reasonable and necessary.

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](#)) (Work Loss Data Institute, ODG ,2010).

Guidelines recommend psychological evaluations "prior to surgery" and "clinicians should consider referral for psychological screening to improve surgical outcomes" (Work Loss Data Institute, ODG ,2010). **ODG Indications for Surgery™ -- Discectomy/laminectomy --**

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. ([Andersson, 2000](#)) Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps weakness
3. Unilateral hip/thigh/knee pain

B. L4 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
3. Unilateral hip/thigh/knee/medial pain

C. L5 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
2. Mild-to-moderate foot/toe/dorsiflexor weakness
3. Unilateral hip/lateral thigh/knee pain

D. S1 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. [MR](#) imaging
2. [CT](#) scanning
3. [Myelography](#)
4. [CT myelography](#) & X-Ray

III. Conservative Treatments, requiring ALL of the following:

A. [Activity modification](#) (not bed rest) after [patient education](#) (>= 2 months)

B. Drug therapy, requiring at least ONE of the following:

1. [NSAID](#) drug therapy
2. Other analgesic therapy
3. [Muscle relaxants](#)
4. [Epidural Steroid Injection](#) (ESI)

C. Support provider referral, requiring at least ONE of the following (in order of priority):

1. [Physical therapy](#) (teach home exercise/stretching)
2. [Manual therapy](#) (chiropractor or massage therapist)
3. [Psychological screening](#) that could affect surgical outcome

4. [Back school](#) ([Fisher, 2004](#))

Patient Selection: (for discectomy) Microdiscectomy for symptomatic lumbar disc herniations in patients with a preponderance of leg pain who have failed nonoperative treatment demonstrated a high success rate based on validated outcome measures (80% decrease in VAS leg pain score of greater than 2 points), patient satisfaction (85%), and return to work (84%). Patients should be encouraged to return to their preinjury activities as soon as possible with no restrictions at 6 weeks. Overall, patients with sequestered lumbar disc herniations fared better than those with extruded herniations, although both groups consistently had better outcomes than patients with contained herniations. Patients with herniations at the L5-S1 level had significantly better outcomes than did those at the L4-L5 level. Lumbar disc herniation level and type should be considered in preoperative outcomes counseling. Smokers had a significantly lower return to work rate. In the carefully screened patient, lumbar microdiscectomy for symptomatic disc herniation results in an overall high success rate, patient satisfaction, and return to physically demanding activities. ([Dewing, 2008](#)) Workers' comp back surgery patients are at greater risk for poor lumbar discectomy outcomes than noncompensation patients. ([DeBerard, 2008](#))

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)**

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 11/01/2010.