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DATE OF REVIEW: 11/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychiatric Diagnostic Interview

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:

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Psychiatric Diagnostic Interview	90801	-	Upheld

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	10/13/2010	10/13/2010
2	Appeal Request	LPC	3	09/16/2010	09/16/2010
3	Claim Dispute Notice	TDI	1	08/12/2010	08/12/2010
4	Diagnostic Test	Radiological Associates	3	06/29/2010	07/26/2010
5	IRO Request	TDI	1	10/13/2010	10/13/2010
6	IRO Request		3	10/18/2010	10/18/2010
7	Office Visit Report	MD	5	06/14/2010	08/27/2010
8	Peer Review Report	MD	4	07/22/2010	07/22/2010
9	Initial Request	Behavioral Health Associates	6	09/07/2010	09/23/2010
10	PT Notes	Physical Therapy	2	08/26/2010	08/26/2010
11	Initial Denial Letter	Services Corporation	6	09/10/2010	10/01/2010
12	IRO Decision	UMD - TDI	6	11/02/2010	11/02/2010

13	IRO Decision	UMD - All Other Parties	6	11/02/2010	11/02/2010
14	Invoice	UMD	1	11/02/2010	11/02/2010
15	IRO Request				

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who on xx/xx/xx suffered a work related back injury with lower extremity pain complaints. The claimant was injured when he was dumping a water filled bin. The claimant's submission is by L.P.C. The claimant has been treated with conservative care and medications. A medical update on 8/27/10 by Dr. noted that the patient continues to report pain and recommended a "pre-surgical" psychological evaluation. However, the medical update does not identify the type of surgery being considered. The request by Ms. was for a "pre-surgical" psychological evaluation which included a Psychiatric Diagnostic Interview (90801 x 1). The reviewers noted that the type of surgery was not identified and no diagnostic evidence was provided that supported the need for surgery. The request was denied. A Peer Review of records dated 07/22/10 concluded that "the claimant may have temporarily aggravated the Spondylolisthesis, but he should recover with physical therapy not to exceed 12 to 18 visits and anti-inflammatory medications." The request for a Psychiatric Diagnostic Interview was denied on initial and upheld on an appeal level review. The request has been submitted 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 was requested. The initial reviewer noted that the type of surgery being considered was not identified and there was no diagnostic evidence provided that supported surgery for this claimant. Ms. provided an appeal letter on 09/16/10 requesting reconsideration of the request for a pre-surgical psychological evaluation. However, the appeal documentation did not report the type of surgery being considered and provided no additional medical evidence that surgery was needed for this claimant. The appeal review again denied the request for a pre-surgical psychological evaluation. A Peer Review of records dated 07/22/10 noted that the claimant should recover with physical therapy and anti-inflammatory medications. The type of surgery being considered and diagnostic evidence supporting the need for surgery were not provided. Without this data, the need for a pre-surgical psychological evaluation which included a Psychiatric Diagnostic Interview (90801 x 1) can not be determined. ODG requires that psychological services only be provided for "an appropriately identified patient". Therefore, it is determined that the request for a Psychiatric Diagnostic Interview (90801 x 1) is not medically reasonable or necessary

ODG requires that psychological services only be provided for "an appropriately identified patient" (Work Loss Data Institute, ODG ,2010). 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).

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 11/02/2010.