

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF AMENDED INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/25/2010

DATE OF AMENDED REVIEW: November 3, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychiatric mental health testing

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

MD, 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

ODG, Treatment Index, Pain Chapter, 8th edition (web) 2010 Psychological evaluations.

Services Corporation 9/10/10, 10/01/10

ODG 1 page

Behavioral Health Associates 09/07/10 to 09/23/10

Radiological Association 06/29/10 to 07/26/10

Physical Therapy 8/26/10

M.D. 05/14/10 to 8/27/10

PA 7/22/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a man who was injured on the job on xx/xx/xx when he dumped out a water-filled bin, resulting in lower back pain. He was initially treated conservatively, then had P.T. and medication with minimal improvement. X-rays showed anterolisthesis of the lumbar spine. Peer Review by M.D., dated 07/22/2010 states: "The mechanism of injury does not correlate with the MRI findings. The findings on MRI are totally preexisting and do not correlate to the sprain/strain the claimant sustained on xx/xx/xx. 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. Any treatment of the spondylolysis or spondylolisthesis at this time is for the preexisting condition." A medical note, dated 07/30/2010, states: "Upon reviewing the claimant's bone scan, his spondylolisthesis was a previous condition that was aggravated with his on the job injury on

xx/xx/xx, which is causing his lower back pain. Prior to his on the job injury he was asymptomatic.” A note a month later, dated 08/27/2010, states: “I would also like to refer him out for a psychological evaluation as a pre-operative measure.” The insurance reviewer denied the request for the psychological evaluation stating that the findings are of a pre-existing condition.

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

Both the peer reviewer and the attending physician state that the main condition causing this patient’s pain, the spondylolisthesis, is pre-existing. Psychiatric mental health testing is being requested as a “pre-operative” measure. The records are not clear as to what surgery is being proposed. ODG recommends psychological evaluations 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 or implantable drug delivery systems.) The specified intervention is not clear in this patient’s case. For all these reasons, the reviewer finds that medical necessity does not exist for psychiatric mental health testing.

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)