MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: September 23, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A request has been made for coverage of repeat diagnostic interview (CPT 90801) and three (3) hours of psychological testing (CPT 96101 x 3).

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

M.D., Board Certified in psychiatry.

REVIEW OUTCOME

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

I have determined that repeat diagnostic interview and three (3) hours of psychological testing is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 9/1/10.
2. Confirmation of Receipt of a Request for a Review by an Independent Medical Review Organization (IRO) dated 9/2/10.
3. TDI Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 9/3/10.
4. TDI Notice to IRO of Case Assignment dated 9/3/10.
5. Psychological evaluation, treatment notes, and letters from PsyD from the period of 3/11/10 through 9/3/10.
6. Medical records from Centers from the period of 2/25/10 through 6/24/10.
7. Designated Doctor Evaluation from MD dated 5/25/10.
8. Medical records from MD dated 6/10/10.
9. Medical records from the Recovery Center of dated 2/25/10.
10. Medical records from Orthopedic & Sports Medicine dated 12/29/09.
11. Medical records from the Physical Medicine from the period of 8/14/08 through 12/18/08.
12. Medical records from the Chiropractic & Wellness dated 9/22/08.
13. Medical records from MD dated 9/10/08.
14. Medical records from Center dated 8/21/08.
15. Medical records from, PA dated 8/20/08.
16. Denial documentation.

PATIENT CLINICAL HISTORY:

The patient is a female who was injured at work on xx/xx/xx and reinjured on xx/xx/xx. She initially was injured while lifting. She felt pain in her right shoulder and arm. The next day, she reports that she requested light duty, but was denied. She sought medical attention and was placed on light duty. She indicates that she reinjured herself while lifting after being taken off light duty at work. The injuries were recently diagnosed on 5/25/10 in a Designated Doctor Evaluation as: right arm sprain/strain and cervical sprain/strain and considered work related. The patient also underwent electromyography/nerve conduction velocity (EMG/NCV) testing on 6/10/10 that revealed normal findings. She has been released to return to work with appropriate restrictions. She underwent a psychological evaluation on 3/11/10 which revealed mild depression, moderate levels of anxiety and significant fear avoidance issues. Psychological treatment was recommended but not obtained until the Designated Doctor evaluation determined that she sustained a compensable injury. The patient's treating team then requested an additional psychological evaluation including an interview and testing.

The Carrier denied the request for a repeat diagnostic interview and three (3) hours of psychological testing as not medically necessary for treatment of the patient's medical condition. The Carrier stated that the patient had a previous injury to her neck and bilateral upper extremity and therefore her complaints pre-date her incident.

According to the physician's notes, five months had passed since the patient's original evaluation and therefore the additional testing and interview is necessary to assess her current condition.

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

The Official Disability Guidelines (ODG) for pain recommends psychological treatment for appropriately identified patients during treatment of chronic pain. The guidelines recommended identification of "patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." The ODG also states that, "An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed."

This patient meets all of the ODG guidelines for psychological interventions. First, her initial screening showed a significant fear of pain and avoidance factor. Additionally, she demonstrated significant fear of pain on the Designated Doctor exam. Her studies show that she has an injury that should have been resolved, namely sprain/strain, and she has a normal EMG/NCV. These facts heighten the suspicion that psychological factors are playing a role in delaying her recovery process.

The reviewer's objections that the patient does not need additional psychological services since she had previously suffered injury to the neck and shoulder are not persuasive. Once a patient is injured, he or she is more vulnerable to re-injury and the second injury is often more difficult to treat. Thus, for this patient a repeat psychological evaluation (inclusive of diagnostic interview and testing) more than six months since the initial evaluation, is clinically appropriate and indicated.

For these reasons, the requested repeat diagnostic interview and three (3) hours of psychological testing are medically necessary for treatment of the patient's medical condition.

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

[**X**] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[**X**] 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):