



Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE OF REVIEW: 9/21/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for Psychological tests x 2 hrs; BHI-2 and MBMD (CPT 96101)

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

Texas licensed child and adolescent psychiatrist

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.

The previously denied request for Psychological tests x 2 hrs; BHI-2 and MBMD (CPT 96101)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Reports dated 9/10/10, 8/16/10.
- Environmental Intervention dated 9/7/10, 8/16/10.
- Pre-Authorization Request dated 9/3/10, 8/2/10.
- Re-Evaluation dated 9/2/10.
- Follow Up dated 8/26/10, 7/29/10, 7/1/10, 6/17/10.
- Prescription Copy dated 7/23/10.
- Initial Behavioral Medicine Consultation dated 7/23/10.
- History and Physical Report dated 6/2/10.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Patient fell, the top part of his leg went one way and the bottom part of his leg went the other way.

Diagnosis: Right Knee Sprain, Right Knee Effusion, Right Knee Derangement, and Pain Disorder associated with both psychological factors and a general medical condition.

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

This male sustained a work-related knee injury on xx/xx/xx when he was pulling cases of soda on a dolly while at work. He hit a chair and lost control of the dolly. The patient fell and the top part of his leg went one way and the bottom part of his leg went the other way. The cases of soda and dolly fell on top of him as well. He was diagnosed with right knee sprain, right knee effusion, and right knee derangement. He described his pain as stabbing in his right knee and burning in his right ankle. He rated his pain as 7/10. An additional diagnosis of pain disorder associated with both psychological factors and a general medical condition was given. On 7/23/10, his Beck Depression Inventory-II (BDI-II) and Beck Anxiety Inventory (BAI) scores were 5 and 6, respectively, indicating mild depression and anxiety. Regarding psychological testing, the ODG states: "If the general medical clinician is administratively compelled to address the psychological complaint as if it were a work-related issue, the ideal next step is for the general medical clinician to administer in-house psychological testing in order to collect objective data regarding whether the claimant's presentation is indeed consistent with mental illness. Such objective data will provide a scientifically credible basis for determining whether referral for mental health evaluation is justified. Such objective data will provide a scientifically credible, and individualized, basis for addressing issues of potential work-relatedness." The ODG goes on to state: "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. 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.” The submitted medical records do not justify psychological testing. The ODG requires that the psychological services only to be provided for an “appropriately identified patient.” The patient had minimum psychological symptoms. His BDI and BAI scores were in the mild range. His injury was still recent. He was still in active treatment and had not reached maximum medical improvement. His diagnoses were apparent from the psychological evaluation alone. Psychological testing is less likely to add any information toward formulation of his treatment plan. As such, the proposed procedure (Psychological tests x 2 hrs; BHI-2 and MBMD – CPT 96101) would not be considered medically necessary. Therefore, the previous adverse determination is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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. 8th Edition (web), 2010, Pain—Psychological Evaluations
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).