

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 3/28/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 3/29/11.
3. Notice to IRO of Case Assignment dated 3/30/11.
4. Medical records from MD dated 3/3/11, 11/9/10, 10/15/10, 9/7/10, 8/26/10 and 7/26/10.
5. Medical record from MD dated 6/2/10.
6. Medical records from Clinic dated 4/20/10, 3/11/10 and 1/14/10.
7. Undated peer review report from MD.
8. Excerpt from the Official Disability Guidelines (ODG).
9. BHI Test Helps Identify Roadblocks to Recovery for Orthopedic Patients. *Pearson Assessments*.
10. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

A review of the record indicates the patient sustained a work related injury on XX/XX/XX when he was reportedly struck by a motorist while changing a tire on the side of the road. The patient was reportedly hospitalized for four days following the accident, in which he sustained several broken ribs. The patient underwent an MRI of his lumbar spine on 1/14/10 which revealed mild desiccation and a narrowing of the interspace with a 2 to 3 mm broad-based left posterior lateral protrusion centered at the entrance of the neural foramen at L4-5; L5-S1 showed a diffuse annular bulge, and facet arthropathy was noted at both levels. The patient underwent an MRI of his right knee on 3/11/10 which revealed a small posterior cruciate ligament cyst of uncertain clinical significance and no other significant findings were noted. An MRI of the left knee was performed on 4/20/10 and revealed a lateral tilt and mild static appearing lateral subluxation of the patella with grade 1 chondromalacia patella versus chondral contusion and a small effusion. The patient was prescribed the following medications on 6/2/10: hydrocodone 5/50mg; Ultram-ER 300mg; Mobic 7.5mg; and Zanaflex 4mg. On 7/26/10, the patient underwent epidural steroid injections in his left knee and physical therapy was recommended. On 8/26/10 and 11/9/10, the patient also underwent epidural steroid injections at L5-S1. It was noted on 3/3/11 that the patient continues to complain of low back pain and has exhausted physical therapy with medications that include oral anti-inflammatories and a lumbar epidural steroid injection with only temporary relief. The patient's provider has recommended a psychosocial screening.

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

Upon review of the submitted evidence, I have determined the requested psychosocial screening is not medically necessary for treatment of this patient's condition. The Official Disability Guidelines (ODG) supports psychological treatment when appropriate. The guidelines indicate that patients should be identified who appear to have a psychological condition that is impacting recovery. At that point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. However, in the case of this patient the evidence does not demonstrate that the requested psychosocial screening meets ODG requirements. There is no formal request in the record to outline the specific rationale for the evaluation or the proposed method of carrying it out. All told, there is a lack of documentation that the patient has signs or symptoms of a psychological condition that are impacting his therapeutic course. Therefore, I have determined that the requested service is not medically necessary for treatment of the patient's 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
- 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 GUIDELINESS (PROVIDE A DESCRIPTION)