

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: January 23, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychological evaluation and psychometric testing for five hours. CPT: 90801 and 96101.

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

GENERAL AND FORENSIC PSYCHIATRIST
BOARD 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

Medical records from the URA/Carrier include:

- Official Disability Guidelines, 2008
- D.O., 06/22/10, 07/29/10, 08/30/10
- 12/30/10, 01/03/11, 01/12/11
- Ph.D., no date
- Ph.D., 01/11/11

- Ph.D., no date

Medical records from the Requestor/Provider include:

- D.O., 07/29/10, 08/30/10
- Ph.D., 09/08/10
- Request for a Review by an Independent Review Organization, 01/17/11

PATIENT CLINICAL HISTORY:

The request of services is an initial psychological evaluation and five hours of psychological testing. The recommendation is overturned.

The patient sustained a back injury a number of years ago. The patient was seen over the summer of 2010 and recommended for a psychological evaluation as part of a workup for a spinal cord stimulator.

A request was made for the evaluation and testing and it was denied initially, although the psychological evaluation was approved. The suffixes of the testing were not listed.

Subsequently, in an appeal letter, the specific psychological testing that was going to be administered was noted. However, on the appeal it was not authorized because too much time had elapsed, and it was stated that the amount of time requested for the psychological testing was excessive.

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

The ODG supports psychological evaluations for spinal cord stimulators. The documentation supports that this was requested. The request for the initial psychological evaluation is appropriate.

Additionally, the request for psychological testing is appropriate as this is part of the workup that is outlined by the ODG. There is not an indication that the patient's clinical status has changed.

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)