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Notice of Independent Review Decision

DATE OF REVIEW: 01/18/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 96101 Psychological Testing x 2 hours (Mental Health Testing)

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

Texas Board Certified Neurologist

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 10/31/08 - MRI Lumbar Spine
2. 11/13/08 - Electrodiagnostic Studies
3. 02/22/10 - MRI Lumbar Spine
4. 09/07/10 - Clinical Note - Unspecific Provider
5. 10/11/10 - MRI Lumbar Spine
6. 10/12/10 - Clinical Note - M.D.
7. 11/22/10 - Mental Health Evaluation/Treatment Request
8. 11/23/10 - Preauthorization Request
9. 11/30/10 - Utilization Review
10. 12/03/10 - Appeal Letter - MS, LPC
11. 12/17/10 - Utilization Review
12. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an unknown injury on xx/xx/xx.

An MRI of the lumbar spine performed 10/31/08 demonstrated moderate spondylosis change at the lumbosacral junction with disc protrusion/extrusion. There was minimal spondylosis change of the rest of the lumbar spine. There was facet hypertrophy of the lower lumbar spine.

Electrodiagnostic studies performed 11/13/08 were abnormal with findings consistent with a left S1 radiculopathy.

An MRI of the lumbar spine performed 02/22/10 demonstrated an asymmetric left lateral disc bulge at L3-L4. At L4-L5, there was normal hydration with posterior central, left paracentral, and posterolateral disc bulge, left neural canal narrowing, bilateral facet hypertrophy, and degenerative changes. At L5-S1, there was loss of normal signal with posterior central and right paracentral disc protrusion. There was no evidence of vertebral compression or spinal stenosis.

An MRI of the lumbar spine performed 10/11/10 demonstrated a non-contained disc herniation at L5-S1, rated as Stage III with annular herniation, nuclear extrusion, disc desiccation, and T2 weighted image changes. At L4-L5, there was a disc herniation rated as Stage II with annular herniation, nuclear protrusion, and spinal stenosis. At L3, there was a bulging disc.

The employee saw Dr. on 10/12/10. The employee complained of back pain and bilateral leg pain, left greater than right. The note stated the employee had failed conservative treatment to include exercise program, medications, chiropractic care, and epidural steroid injections. Current medications included Motrin, Tramadol, Hydrocodone, and Soma. Radiographs of the lumbar spine demonstrated a clinical instability pattern with facet subluxation, lateral recess stenosis, and spondylosis. Physical examination revealed sciatic notch tenderness bilaterally. Lasegue's was positive on the left at 45 degrees. There was decreased left ankle jerk. There was paresthesia in the L5 and S1 nerve root distribution on the left with weakness of gastroc-soleus on he left. The employee was assessed with lumbar herniated nucleus pulposus at L4-L5 and L5-S1 with clinical instability of L5-S1 with failure of conservative treatment greater than three years. The employee was recommended for laminectomy and discectomy at L4-L5 and L5-S1 with instrumented arthrodesis at L5-S1.

The request for psychological testing was denied by utilization review on 11/30/10 due to insufficient information to establish necessity of the request.

The request for psychological testing was denied by utilization review on 12/17/10. The documentation was unclear as to the employee's current emotional and mental status regarding his pain. The clinical documentation did not include a pain survey or mental health survey. The most recent comprehensive history and physical indicated the employee reported no complaints of depression or anxiety. An addendum stated the request should be for preoperative surgical clearance, not two hours of psychological testing.

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

The employee has been recommended for surgical intervention and presurgical psychological examinations are recommended. As there was no psychological examination performed that reveals an abnormal mental status exam with findings consistent of depression or anxiety, further testing would not be supported. Therefore, the medical necessity for the request is not supported at this time.

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

Official Disability Guidelines, Online Version, Mental Illness & Stress Chapter.