



IRO#
5068 West Plano Parkway Suite 122
Plano, Texas 75093
Phone: (972) 931-5100
DATE OF REVIEW: 01/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat Diagnostic Interview, Mental Health Testing x 2 hours

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

This case was reviewed by a Texas licensed PHD, specializing in Psychology. The physician advisor has the following additional qualifications, if applicable:

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Repeat Diagnostic Interview, Mental Health Testing x 2 hours	90801, 96101	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	15	12/28/2010	12/28/2010
2	Appeal Denial Letter	Health Associates, Inc	3	11/16/2010	12/04/2010
3	Designated Doctor Report	MD	5	05/01/2010	05/01/2010
4	Diagnostic Test	Imaging Centers	1	07/17/2009	07/17/2009
5	Diagnostic Test		1	04/09/2010	04/09/2010
6	Office Visit Report	MD	8	08/11/2008	10/07/2009
7	Office Visit Report	MD	4	10/26/2009	01/15/2010
8	Office Visit Report	MD PA	3	06/08/2010	06/09/2010
9	Office Visit Report	Clinic	1	05/11/2009	05/11/2009

10	Office Visit Report	DC	4	03/25/2010	05/07/2010
11	Initial Request	Health Associates	4	11/11/2010	11/11/2010
12	Psych Evaluation	Health Associates	9	06/01/2010	06/01/2010
13	Initial Denial Letter		8	11/16/2010	12/10/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who on xx/xx/xx sustained a work related back injury with lower extremity pain complaints. The claimant was injured when he attempted to lift a bucket of railroad spikes. The claimant's submission is by, M.S., L.P.C. The claimant has been treated with conservative care, medications, injections and individual psychotherapy. A medical update on 6/08/10 by Dr. noted that the patient continues to report pain and the patient is considering surgical intervention. However, the medical update does not identify the type of surgery being considered. A psychological evaluation was administered on 06/01/10 and six sessions of individual psychotherapy were requested. According to documentation, the patient completed these sessions in 11/10. The request on 11/11/10 by Ms. was for an additional "pre-surgical" psychological evaluation which included a repeat diagnostic interview (90801 x 1) and additional psychological testing (96100 x 2). The reviewers noted that the type of surgery was not identified and an additional assessment was not needed since the patient had recently completed 6 sessions of individual psychotherapy with this provider. The request was denied. A Designated Doctor's Evaluation dated 05/01/10 placed the patient at Maximum Medical Improvement with a 0% impairment rating. The request for additional psychological testing (96100 x 2) was denied on initial and upheld on an appeal level review. The request has been submitted for an IRO level review.

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

A pre-surgical psychological evaluation was requested. The initial reviewer noted that the type of surgery being considered was not identified and additional testing was not needed since the patient had recently completed 6 sessions of "pre-surgical" individual psychotherapy with this provider. Ms. provided an appeal letter on 11/16/10 requesting reconsideration of the request for a pre-surgical psychological evaluation. However, the appeal documentation did not report the type of surgery being considered and provided no additional medical evidence that surgery was needed for this claimant. The appeal review again denied the request for a pre-surgical psychological evaluation. The type of surgery being considered and diagnostic evidence supporting the need for surgery were not provided. Six sessions of "pre-surgical" individual psychotherapy had recently been completed. These sessions of "pre-surgical" individual psychotherapy should have been used as a "psychological screening" to identify psychological risk factors that would be negative predictors for successful surgical outcomes. The request for an additional "pre-surgical evaluation" after these sessions were completed provided no information concerning the patient's response to these "pre-surgical" sessions and no rationale for an additional psychological assessment. Without these data, the need for an additional pre-surgical psychological evaluation which included additional psychological assessment can not be determined. ODG requires that psychological services only be provided for "an appropriately identified patient". A Designated Doctor's Evaluation dated 05/01/10 placed the patient at Maximum Medical Improvement with a 0% impairment rating. Therefore, it is determined that the request for a repeat diagnostic interview (90801 x 1) and additional psychological testing (96100 x 2) is not medically reasonable or necessary. The request for additional psychological testing (96100 x 2) was denied on initial and upheld on an appeal level review. IRO recommends that the prior decisions be upheld.

ODG requires that psychological services only be provided for "an appropriately identified patient" (Work Loss Data Institute, ODG ,2011).

Recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). (Doleys, 2003) 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. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. (Main-BMJ, 2002) (Colorado, 2002) (Gatchel, 1995) (Gatchel, 1999) (Gatchel, 2004) (Gatchel, 2005) (Work Loss Data Institute, ODG ,2011).

Guidelines recommend "clinicians should consider referral for psychological screening to improve surgical outcomes" (Work Loss Data Institute, ODG ,2011).

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)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with 28 TAC §12.206(d)(19), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 01/17/2011.