

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychodiagnostic clinical interview 90801 and psychodiagnostic testing 96101 x 4

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

MD, 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

Official Disability Guidelines
6/14/11, 6/6/11
6/1/11 to 6/27/11
Spine Solutions, PA 5/27/11
DTI 5/11/11
Behavioral Health 6/10/11
Healthcare Rehabilitation 5/31/11 to 6/2/11
Technologies 5/18/11
Imaging 1/7/11
Orthopedic Associates, P.A. 2/24/11 to 4/11/11
6/29/11
12/5/10 to 5/10/11
1/20/11 to 3/21/11
4/30/11
MD 5/16/11
Imaging 5/27/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who injured himself on xx/xx/xx when he was putting down a large piece of glass from a ramp and hurt his back. He has been treated with conservative therapy, including physical therapy, anti-inflammatory medication, pain medicine, and steroid epidural injections twice. He still rates his pain as 8/10. Surgery is being considered as the next option for this man. Accordingly, he was referred for a pre-surgical psychological evaluation. The evaluation included an interview and testing with BDI-II, BAI, and BBH12. The results found that he seems to be a poor psychological candidate for surgery at this time.

It is recommended that he participate in counseling to become more involved in the decision making process, develop better coping skills, plan for possible negative outcomes, and to fully understand risks of the proposed procedure. The interview and testing were denied initially. Upon appeal, the reviewer stated that the interview did not need approval, but that the testing could not be authorized unless the interview indicated a need for it.

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

ODG recommends psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. In this case, the patient was a properly identified patient as surgical intervention was being considered, but his risk factors for outcome were unknown. Psychological interview and testing can uncover significant barriers to a successful outcome of surgery for this individual. The findings from this behavioral evaluation potentially could prevent a poor outcome from a very expensive surgical procedure. Clearly, this is medically necessary and meets ODG. The reviewer finds that medical necessity does exist for Psychodiagnostic clinical interview 90801 and psychodiagnostic testing 96101 x 4.

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

- ACOEM-AMERICA 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)