

SENT VIA EMAIL OR FAX ON
Jun/01/2011

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

BHI-2 Psychosocial Screen

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

Board Certified Orthopedic Surgeon

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

OD Guidelines

1. Cover sheet and working documents
2. Utilization review determination dated 05/02/11, 05/13/11, 03/25/11, 11/04/10, 07/13/10, 06/09/10, 04/27/10, 02/26/09, 02/18/09, 12/20/10, 09/20/10, 09/09/10, 07/30/09, 06/19/09, 04/30/09, 04/08/09
3. Operative report dated 09/23/09, 07/15/09, 05/06/02, 08/14/00, 08/26/00
4. Orthopedic report dated 04/21/11, 03/10/11, 01/28/11, 12/06/10, 10/26/10, 08/27/10, 06/29/10, 05/25/10, 03/30/10, 01/26/10, 11/19/09, 10/05/09, 09/28/09, 07/20/09, 06/16/09, 03/26/09, 02/04/09, 07/09/03, 01/15/03, 11/13/02, 04/10/02, 03/13/02, 01/09/02
5. Reference material
6. CMT/ROM testing dated 04/21/11, 01/28/11, 12/06/10, 08/27/10, 06/29/10, 05/25/10, 03/30/10, 01/26/10, 03/26/09, 02/04/09
7. Electrodiagnostic interpretation dated 03/13/09
8. Lumbar myelogram dated 03/03/09
9. Handwritten note dated 09/17/09, 09/16/09, 09/14/09
10. Electrodiagnostic results dated 03/31/11
11. Telephone conference notes
12. Order on request for continuance dated 07/01/09, order for telephonic contested case hearing dated 07/01/09, 06/15/09
13. Decision and order dated 09/24/09
14. Letter dated 10/18/10, 10/15/10, 09/08/09, 09/01/09, 06/26/09, 06/09/09
15. IRO dated 10/12/10, 05/27/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a XX year old female whose date of injury is XX/XX/19XX. On this date the injured worker was moving an object when she felt a sudden pain in her back. The patient underwent bilateral lumbar hemilaminectomy, discectomy, foraminotomy and nerve root decompression L5-S1; posterior lumbar interbody instrumentation L5-S1 on 08/14/2000 followed by wound debridement on 08/26/00. The patient subsequently developed pseudoarthrosis and underwent exploration and revision posterolateral fusion on 05/06/02. Lumbar myelogram dated 03/03/09 revealed subtle bilateral lateral recess narrowing at L4-5 with no canal stenosis in the lumbar spine; mild encroachment of the neural foramina bilaterally from L2-3 through L5-S1. The L5-S1 anterior fusion and bilateral posterior fusions appear solid. EMG/NCV dated 03/13/09 revealed no evidence of lumbosacral radiculopathy. The patient underwent hardware blocks on 07/15/09 followed by removal of hardware and repair of spinal leak on 09/23/09. Follow up note dated 03/30/10 indicates that the patient has returned to work with restrictions. The patient subsequently underwent a course of postoperative physical therapy. Electrodiagnostic testing dated 03/31/11 revealed findings consistent with bilateral chronic L5 radiculopathy. Orthopedic report dated 04/21/11 indicates that the patient has been recommended for extension of her fusion to include L4-5.

Initial request for BHI-2 psychosocial screen was non-certified on 05/02/11 noting that screening for preoperative psychological status involves clinical evaluation by a psychologist and appropriate psychometric testing. A psychometric test result outside of this context does not provide any useful information, as clinical correlation is required. The denial was upheld on appeal dated 05/13/11 noting that inferences based on the requested BHI-2 are not clinically meaningful.

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

Based on the clinical information provided, the request for BHI-2 Psychosocial Screen is not recommended as medically necessary. The patient has been recommended for extension of fusion to include L4-5 with preoperative BHI-2 psychosocial screen. BHI-2 testing alone is insufficient to provide presurgical psychological clearance. As stated by the initial reviewer, psychological screening for preoperative clearance involves clinical evaluation by a psychologist and appropriate psychometric testing. Given the current clinical data, the request is not indicated as medically necessary, and the two previous denials are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES