

Notice of Independent Review Decision  
**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 3/8/2011  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

90801 Repeat Psychiatric Diagnostic Interview x1 Hour  
96101 Psychological testing x3 hours (MMPI-2 and BHI-2)

**QUALIFICATIONS OF THE REVIEWER:**

Neuropsychology, Psychology  
PhD

**REVIEW OUTCOME:**

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

90801 Repeat Psychiatric Diagnostic Interview x1 Hour Upheld  
96101 Psychological testing x3 hours (MMPI-2 and BHI-2) Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male. According to submitted documentation the injured employee was injured while working. It was reported that he sustained a strain/sprain injury to his low back. He was recently referred to Injury1 for a repeat psychological/psychodiagnostic clinical interview and psychological testing. The reason for this referral was not provided. This request for psychodiagnostic evaluation was denied and sustained on appeal. The basis for the denial was noted to be insufficient information regarding the clinical necessity of the request. It was noted that the claimant was working. It was also noted there was a significant gap in treatment prior to the request for psychological treatment. There was no recent documentation referencing psychological issues submitted for review. Prior requests for psychological treatment were denied up to the IRO level. A previous DD evaluation on November 9, 2010 noted that any soft tissue injury should have resolved and the claimant was at MMI and should return to work. It was noted that the injured employee had been working since 2009 with restrictions. No additional medical documentation was submitted for review.

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

Insufficient documentation was submitted by the requesting psychologist (Dr.) to justify the medical necessity for a repeat psychodiagnostic clinical interview and three hours of psychological testing. Recent information was not submitted documenting changes in mental status related to the compensable injury. This was noted by the clinical psychologist who completed the initial review. Dr. did not rebut this basis for denial and his request for reconsideration. An occupational medicine physician completed the appeal/reconsideration. She noted that a previous request for psychological services have been upheld through the IRO level. Dr. acknowledged that there was no

medical information documenting the need for a repeat psychological evaluation provided by the referring physician. As result of these omissions, the occupational medicine physician denied the request for reconsideration.

The IRO submission did not include any additional medical documentation justifying the request for psychological evaluation. No submitted were related to treatment on December 8, 2009, November 2, 2009 and November 19, 2009. Recent medical notes were not submitted for review. No additional rebuttal was provided by Dr.

After reviewing the submitted documentation, it is determined that recent medical information documenting the need for a repeat psychological evaluation for an injured worker with a sprain/strain injury on was not submitted for review. A previous psychodiagnostic evaluation completed on documented moderate anxiety and mild depression. A diagnosis of Major Depressive Disorder secondary to a work injury was alleged. However, ODG suggests that such a mental health diagnosis is rarely related to a work-related injury. It is more likely that the major depressive disorder diagnosed was a pre-existing mental health condition. At any rate, subsequent requests for psychological services were denied through the IRO level. Subsequent information regarding the claimant's psychological status after this point was not submitted for review and the request for a psychodiagnostic/psychological evaluation was not accompanied by additional clinical information regarding changes in mental status subsequent to the work-related injury. As a result, the denial for a psychodiagnostic evaluation and three hours of psychological testing should be sustained at the IRO level. The recommendation is to uphold the previous denial.

**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

**X** 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)