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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychological testing 6 hours

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

2/8/11, 2/18/11

Psychiatric Consultants of P.A. 1/3/11 to 3/7/11

Prescription Refill Request 2/8/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who sustained an injury on xx/xx/xx. Her injury caused extensive necrosis to her lungs due to the acid that she inhaled. As a result of this, the patient has had posttraumatic stress disorder and episodes of severe depression, depersonalization, anhedonia, malaise and psychomotor retardation. Occasionally she lapses into psychotic distortions. Currently, she no longer has episodes in which she relives the traumatic experience. However she is intermittently psychotic and virtually non-functional, almost unable to leave her home. She requires oxygen 24 hours a day and she is barely able to attend to the normal activities of daily living. She does not even wash or bathe. According to notes from Dr., the treating psychiatrist, he was questioned by Dr., the insurance company reviewer, about recent psychological testing. When told that the testing was dated 01/29/2009, the reviewer requested updated testing before authorizing further treatment for this individual. However, then the request for the testing was denied stating that additional clinical notes would need to be submitted documenting cognitive deficits. The treatment notes indicate that the patient is currently treated with both Aricept and Namenda.

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

This patient's description indicates that she is doing poorly, and notes indicate that her work injury has played a major role in her deterioration. Her treatment team has requested additional treatment sessions and been denied. The treating psychiatrist indicates that the reviewer would not authorize these sessions unless additional psychological testing was

performed, but another reviewer then denied the testing, stating that there was no documentation of cognitive deficits. The chart notes that this patient is being treated with both Namenda and Aricept. This combination of medications is reserved only to treat patients diagnosed with dementia that is worsening and presumed to be of the Alzheimer's type. Thus, the treatment alone should suffice to document that this patient is cognitively impaired. This should meet the objections of the reviewer who denied the psychological testing. Furthermore, ODG supports such evaluations to distinguish between conditions that are pre-existing, aggravated by the current injury or work related. The evaluation would help the treatment team better develop an appropriate treatment plan for this patient. The reviewer finds that medical necessity exists for Psychological testing 6 hours.

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)