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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: September 26, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

16 hours of neuropsychological testing (96118)

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

M.D., Board Certified in Psychiatry.

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)

The requested service, 16 hours of neuropsychological testing (96118), is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 8/30/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 9/1/11.
3. Notice of Assignment of Independent Review Organization dated 9/6/11.
4. Office visit notes from MD, PhD dated 4/18/11 and 5/23/11.
5. Patient SOAP Notes from Chiropractic dated 3/28/11.
6. EEG Report dated 5/6/11.

7. Diagnostic Interview from Associates, P.C. dated 6/23/11.
8. Hospital Discharge Summary (InterQual Review Summary) dated 7/5/11.
9. Medical records from Medical Center dated 7/3/11.
10. Consultation Report dated 7/4/11.
11. Report of MRI Lumbar Spine dated 5/11/11.
12. Report of MRI Cervical Spine dated 5/11/11.
13. Report of CT of the Head without Contrast dated 7/3/11.
14. Report of MRI of the Head dated 4/4/11.
15. Confidential Request for IRO from Pain Recovery Center.
16. Confidential Request for Reconsideration from Pain Recovery Center.
17. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a neck, back and head injury on xx/xx/xx. By report, the patient lost consciousness for several minutes following the injury. He continued to experience brief periods of unconsciousness several days thereafter. On 6/23/11, the patient underwent a diagnostic interview which noted that since his injury the patient has experienced severe anxiety as well as depression. His symptoms included anhedonia, crying spells, a loss of appetite and eight-pound weight loss, loss of enjoyment, memory loss, concentration difficulties, irritability and frustration related to his injury and cognitive deficits. The provider's impression was that the patient was cognitively impaired and was having an extremely difficult time coping with his neck and back pain, headaches and significantly reduced cognitive functioning. Neuropsychological testing was recommended. On 7/3/11, the patient presented to the hospital with complaints of confusion, dizziness and slurred speech. The provider noted that a couple of days prior to admission, the patient had been placed on scopolamine patch and amitriptyline 50 mg for his dizziness and depression or headache. The patient was assessed with confusion likely due to amitriptyline and scopolamine patch and these medications were discontinued.

A request has been made for 16 hours of neuropsychological testing (96118). The URA has denied this request indicating that the requested service is not medically necessary for treatment of the patient status post neck, back and head injury.

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

Upon review of the submitted evidence, this patient does not meet Official Disability Guidelines (ODG) criteria for neuropsychological testing. According to ODG criteria, neuropsychological testing is recommended for "severe traumatic brain injury with restrictions below but not for concussions. For concussion/mild traumatic brain injury [TBI], comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury... Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/mild TBI."

The submitted documentation does not include evidence of deficits on CT or MRI scan and the patient had no focal deficits on neurological examination. Thus, according to ODG criteria, he falls in the range of concussion/mild TBI. ODG does not recommend neuropsychological testing for patients with concussion/mild TBI. As such, I have determined the requested service is not medically necessary for treatment of the patient's medical condition.

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)