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Notice of Independent Review Decision

DATE OF REVIEW: 07/27/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 90801 Psyche Interview

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

Texas Board Certified Psychologist

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 03/01/2011, Patient note, Dr.
2. 04/05/2011, Patient note, Dr.
3. 05/23/2011, Adverse determination letter, PhD
4. 05/23/2011, Response to denial letter.
5. 06/07/2011, Patient note, Dr.
6. 06/15/2011, Adverse determination letter, PhD
6. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male who sustained an injury on xx/xx/xxxx. The patient note dated 03/01/2011 reported the patient was doing well with Ibuprofen and Darvocet was changed to Naproxen. The patient was referred to a urologist secondary to having problems with erections.

The patient note dated 04/05/2011 reported the patient underwent back surgery in 2004. This note states the patient is scheduled for removal of his bone growth stimulator. It was reported that the patient was doing well with his medications.

Adverse determination letter dated 05/23/2011 from PhD, by reported the request for a mental health diagnostic interview was denied by utilization review due to lack of documentation reflecting a psychological problem. Response to denial letter dated 05/23/2011 reported the patient was recommended to have a psychological evaluation and treatment for anxiety, depression as it related to his reports of erectile/sexual dysfunction. This note states that the patient did participate in post operative sessions of individual psychotherapy in 2004. It was reported that he completed 4 sessions at which time his affective symptomology had decreased and therefore he was discharged. It was reported the patient was recently admitted for an operative procedure for the removal of his bone growth stimulator performed on 04/06/2011.

The patient note dated 06/07/2011 reported the patient recently noted problems with erectile dysfunction. This note states he had a psychological evaluation in 2007. This note states that any patient with onset of erectile dysfunction deserves to have a psych evaluation to rule out psych issues as a potential causative factor.

Adverse determination letter dated 06/15/2011 from PHD reported the request for the reconsideration of the mental health diagnostic interview was denied due to insufficient rationale to establish necessity for a repeat mental health diagnostic interview.

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

The most recent clinical document submitted for review dated 06/07/2011 reported the patient had noted problems with erectile dysfunction. Dr. is recommending a psych evaluation to rule out psych issues as a potential causative factor in the patient's erectile dysfunction problem. The doctor notes a prior psych evaluation in 2007 and for this reason is requesting a current psych evaluation as she indicates this could possibly be a causative factor of his present complaint. Evidence based guidelines recommend psychological evaluations and state that they are generally accepted. However, there has been a lack of documentation submitted for review to reflect failure of conservative care to include pharmaceutical intervention for management of symptoms. Therefore, the request for 90801 psych interview is non-certified at this time.

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

Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. See "Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation, which describes and evaluates the following 26 tests: (1) BHI – Battery

for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory, (3) MBMD - Millon Behavioral Medical Diagnostic, (4) PAB - Pain Assessment Battery, (5) MCMI-111 - Millon Clinical Multiaxial Inventory, (6) MMPI-2 - Minnesota Inventory, (7) PAI - Personality Assessment Inventory, (8) BBHI 2 - Brief Battery for Health Improvement, (9) MPI - Multidimensional Pain Inventory, (10) P-3 - Pain Patient Profile, (11) Pain Presentation Inventory, (12) PRIME-MD - Primary Care Evaluation for Mental Disorders, (13) PHQ - Patient Health Questionnaire, (14) SF 36, (15) SIP - Sickness Impact Profile, (16) BSI - Brief Symptom Inventory, (17) BSI 18 - Brief Symptom Inventory, (18) SCL-90 - Symptom Checklist, (19) BDI-II - Beck Depression Inventory, (20) CES-D - Center for Epidemiological Studies Depression Scale, (21) PDS - Post Traumatic Stress Diagnostic Scale, (22) Zung Depression Inventory, (23) MPQ - McGill Pain Questionnaire, (24) MPQ-SF - McGill Pain Questionnaire Short Form, (25) Oswestry Disability Questionnaire, (26) Visual Analogue Pain Scale – VAS. (Bruns, 2001) See also Psychological evaluations, SCS (spinal cord stimulators) & the Chronic Pain Chapter