

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Hour Diagnostic Interview and 2 Hours Testing

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

M.D., Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines and Treatment Guidelines

Utilization review determination dated 04/13/12, 05/01/12

Office visit note dated 03/23/12, 08/15/11, 05/17/11, 02/15/11

Response to denial letter dated 04/20/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. The patient has been complaining of chronic low back pain associated with stiffness, muscle spasm and swelling on her lower back with radiation to the lower extremities. The patient has been coming a bit depressed because she stated that the workmen's compensation insurance carrier refused to pay some of the medication and the medical bills and she is also seeing foot and ankle specialist using her Medicare private insurance carrier. There is a gap in the submitted treatment records from 08/15/11 until 03/23/12. This note states that the patient is recommended to try acupuncture. She denies any change in her symptoms since last visit. She reports a recent 30 lb weight loss after changing her diet. Current medications are listed as Celebrex, Voltaren gel, Tramadol, Ambien and Flexeril. Diagnoses are morbid obesity, lumbago and thoracic or lumbosacral neuritis or radiculitis unspecified. Initial request for 1 hour diagnostic interview and 2 hours testing was non-certified on 04/13/12 noting that the patient had slight complaints of depression due to her claim on the note of 05/17/11; however, the symptoms were not addressed again throughout the documentation indicating a more recent problem. The documentation submitted for review also does not indicate what previous physical therapy methods or response to treatments the patient had to medications. Official Disability Guidelines indicate that psychological evaluations are recommended based upon clinical impression of psychological condition that affects recovery, participation in rehabilitation or prior to specified interventions. Appeal letter dated 04/20/12 indicates that the patient has been referred to for her candidacy for a multidisciplinary program. The denial was upheld on

appeal dated 05/01/12 noting that the documentation submitted for review elaborates the patient complaining of ongoing low back pain and bilateral foot pain. Evidence based guidelines recommend a diagnostic interview and psychological testing provided the patient meets specific criteria. There is a lack of documentation indicating any subjective or objective findings of the patient having symptoms of depression or anxiety that would warrant a request for a psychiatric diagnostic interview at this time.

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

There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no indication that the patient presents with psychological issues, which have impeded her progress in treatment completed to date. The follow up note dated 05/17/11 states that the patient has been coming a bit depressed because she stated that the workmen's compensation insurance carrier refused to pay some of the medication and the medical bills; however, there is no further mention of the patient's depressive symptomatology in the submitted records. Appeal letter dated 04/20/12 states that the patient has been recommended for psychological evaluation and testing to assess the patient's appropriateness for a multidisciplinary program. However, the patient's date of injury is greater than 19 years old. The Official Disability Guidelines do not generally support chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. Given the current clinical data, it is the opinion of the reviewer that the requested 1 Hour Diagnostic Interview and 2 Hours Testing is not medically necessary.

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)