

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

3 hours psychiatric testing

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

M.D., Board Certified Pain Medicine

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

Utilization review determination dated 02/01/12, 02/14/12

Initial behavioral medicine consultation dated 01/10/12

History and physical dated 11/07/11

Letter dated 03/06/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. She was lifting when she began to experience low back pain. History and physical dated 11/07/11 indicates that the patient underwent MRI and EMG/NCV (reports not submitted for review) and was released to light duty work. However, no light duty work is available at her work site. A behavioral medicine consultation dated 01/10/12 indicates that treatment to date includes 3 weeks of chiropractic care, medication management, diagnostic testing. Medications are listed as Norco, Ambien, Gabapentin, Promethazine, Valium, Trazodone, Calcium, B complex and Pyridium. Mood was dysphoric and affect was constricted. She did display cognitive distortions. BDI is 21 and BAI is 21. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute; and major depressive disorder, single episode, moderate. The patient was recommended for a formalized battery of psychological tests including the 3 hour MMPI-2-RF and BHI-2, due to pain rating (4+/10), the incongruence in her self-appraisals, VAS scores and Beck endorsements with her perceived level of functioning of 50% and significant Fear Avoidance of Work and Physical Activity scores. She may be minimizing and reporting lower scores. She is 140 days from the date of injury, placing her at risk for delayed recovery.

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

The patient sustained a lumbar sprain/strain which should have resolved at this point. As stated by the previous reviewer, there is no indication that the patient presents with significant psychological factors, which have impeded the patient's progress in treatment completed to

date. The patient has been authorized for 12 sessions of physical therapy to date; however, it appears that she has only completed 2 of these sessions. Given the current clinical data, it is the opinion of the reviewer that the requested 3 hours psychiatric 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)