

Envoy Medical Systems, LP
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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 10/30/12

IRO CASE NO:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat Psychiatric Diagnostic Interview (1 hour) & Psychological Testing (MMPI-2 RF & BHI-2) (3 hours) CPT: 90801, 96101

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

Physician Board Certified: **Psychiatry**

DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTH CARE SERVICES IN DISPUTE.

REVIEW OUTCOME

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

Upheld	(Agree)	<u>X</u>
Overturned	(Disagree)	
Partially Overturned	(Agree in part/Disagree in part)	

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Initial Determination Letter, 10/03/12
Reconsideration Determination, 10/15/12
Post Designated Doctor's Required Medical Examination, 10/11/12
Peer Review, 10/12/12
Reconsideration, Pre-Authorization Request, 10/03/12
Reconsideration Appeal, 10/04/12
Clinic Notes/ Health & Behavioral Reassessment, 11/29/11
ODG

PATIENT CLINICAL HISTORY SUMMARY

This is a woman who fell at work sustaining injuries to her back and knees in xx/xxxx. Since that period of time, she has had various treatments, including a work hardening program. The evaluation done in xx/xxxx, concluded that the patient had a 13% full body impairment and that she was at her MMI (Maximum Medical Improvement) level. The request that is in dispute is for a psychiatric evaluation for one hour and psychological testing of three hours for the specific purpose of establishing a psychiatric/psychological impairment rating. According to the official disability guidelines

psychological testing is recommended based upon the clinical impression of a psychological condition that impacts recovery participation in rehabilitation, or prior to, specified interventions. This particular patient has completed her various interventions, as well as the work hardening program. The psychological testing was requested to establish an impairment rating, not as a prior, to a new episode of treatment. Therefore, the ODG guidelines are not met based on the material I have reviewed.

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

I agree with the benefit company's decision to deny the requested services. The rationale for this decision is based on the history supplied to me, the requester's statement that the testing was to establish an impairment rating, and my reading of the official disability guidelines.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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
DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)