

Notice of Independent Review Decision

October 10, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical Necessity: 3 Hours of Psychological Testing 9/5/13 and 11/4/13

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

The physician performing this review is Board Certified, American Board of Psychiatry and Neurology and has been in practice since 1992 and is licensed in the State of Texas. Also a Member of: NADD National Association for the Dually Diagnosed, American Medical Association, Brain Injury Association of America and American Neuropsychiatric Association

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Upon independent review, the physician finds that the previous adverse determination should be upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Received: 44 page fax 09/20/13 Department of Insurance IRO request, 2 Faxes consisting of 87 pages 09/24/13 URA response to disputed services including administrative and medical records. Dates of documents range from xx/xx/xx (DOI) to 9/20/2013.

PATIENT CLINICAL HISTORY [SUMMARY]:

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The patient is a female who reported injury on xx/xx/xx. The examination dated 08/08/2013, a Health and Behavioral Reassessment revealed the reason for the referral was to assess the patient's emotional status and determine the relationship to the work accident. The history of the presenting problem revealed that the patient reported symptoms of a head injury to include frequent and/or severe headache, dizziness/balance problems, memory problems or confusion, visual problems/changes, weakness/loss of sensation in both arms and feet, and falling often. The patient is noted to have her niece present as the patient could not remember answers to some questions. The patient rated the quantity of the level of interference of her pain on recreational, social, and familial activities as 9/10. She rated the pain interference with normal activities 9/10 and change in ability to work 9/10.

The patient was noted to be hospitalized for medication related psychological/psychiatric issues 2 to 3 times in 1998 and 1999. She was noted to have suffered a broken ankle in 2011 and eye surgery in 10/2012 and 11/2012. The patient reported prior to the injury, she had 100% ability to function and presently her overall level of function is 30%. She reported that she is unable to walk without using a cane and often uses a wheelchair and falls several times per week. Mental status/clinical observations/PSRS was noted to be, her memory for remote events was impaired, her niece helped with remote events. Her speech was noted to be slurred and pressured. Intellectual function was noted to be abnormal, she struggled to comprehend and answer questions. Her mood was anxious and her affect was incongruent with content and constricted. She did display cognitive distortions to include all or nothing thinking "I can't do anything," "I can't get any better." She is afraid of being away from her family and her thought process was noted to be impoverished and not logical. The patient scored a 58 on the BDI-2 indicating severe depression and the patient's score on a BAI was 63 reflecting severe anxiety. The patient's response to Fear-Avoidance Beliefs Questionnaire with respect to work revealed a 42 which indicated a significant fear-avoidance of work and the patient scored a 24 with regards to physical activity which showed a significant fear-avoidance of physical activity.

The patient was noted to have 8 out of 9 symptoms for major depressive episodes as present for most of the day, nearly every day for greater than 2 consecutive weeks as evidenced by the following: the patient had a depressed or irritable mood as her mood was anxious, her affect was incongruent with content and constricted. The patient stated she was lonely and misunderstood. The patient had irritability of 9/10, frustration/anger of 9/10, nervousness 9/10, and sadness 9/10. The patient had diminished interest or pleasure and isolated herself from others. The patient had an increase in appetite and a 30 pound increase in weight. The patient was noted to have insomnia or hypersomnia change as appropriate, difficulty falling asleep, 4 or more awakenings per night, and early awakening, sleep problems 9/10. The patient had psychomotor agitation or retardation including irritability 9/10, anger 7/10, and nervousness 9/10. The patient had fatigue or loss of energy as evidenced by less participation in social

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outings and family activities, no longer able to go dancing. The patient had feelings of worthlessness and a loss of confidence, more sensitive to criticism, feeling easily hurt, feeling useless, helpless, like a burden, unattractive, a lack of control in her life, and feeling disappointed and angry with herself.

The patient had a diminished ability to think or concentrate, or indecisiveness, as evidenced by intellectual functioning that was abnormal and the patient struggled to comprehend and answer questions, along with having forgetfulness 9/10. The treatment recommendation was noted to be that the patient be approved for a chronic pain management program in order to increase her physical and functional tolerances and to facilitate a safe and successful return to work. The patient's global assessment of functioning was noted to be 50.

The UR determination dated 09/09/2013 revealed that the requested psychological evaluation did not seem to be warranted. The records included a psychological evaluation performed by MS, on 08/08/2013. It failed to include a necessity or appropriateness for the patient to undergo more than 1 psychological evaluation in order to proceed with other specified interventions. The recommendation was non-certified. On 09/17/2013, the Appeal Review stated that that the patient already had an evaluation performed and without supportive documentation indicating further evaluation was necessary, the testing did not appear warranted.

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

Clinical documentation submitted for review indicates that the patient had an evaluation on 08/08/2013. The evaluation revealed that the patient had a 58 on the BDI-2 indicating severe depression; the BIA score was 63 reflective of severe anxiety. The patient's Fear-Avoidance Beliefs Questionnaire in response to work revealed 42, a significant fear-avoidance of work and the patient was noted to have a significant fear-avoidance of physical activity in general scoring a 24 on the FABQ-PA. The patient was noted to endorse 8/9 symptoms on the major depressive episode and be scored a GAF of 50. Official Disability Guidelines recommend psychological evaluations and that they should distinguish between conditions that are preexisting, aggravated by the current injury, or work related. Additionally, they should indicate if further psychosocial interventions are indicated. Clinical documentation submitted for review indicates the patient had psychological testing on 08/18/2013 with the recommendation that the patient participate in a chronic pain management program. report failed to indicate further psychological intervention was necessary. Given the above, the request for 3 hours of psychological testing 09/05/2013 and 11/04/2013 is not considered medically necessary.

Official Disability Guidelines,
Mental Illness and Stress Chapter, Online Version.

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Psychological evaluations

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.

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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)