

# I-Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Mar/22/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Psychiatric Diagnostic Interview (1 Hour) - 90791  
Psychological Testing (MMPI-2-RF & BHI-2) 3 hours

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D. Board Certified Family Practice

**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 health care service in dispute.** It is the opinion of the reviewer that the request for Psychiatric Diagnostic Interview (1 Hour) – 90791 and Psychological Testing (MMPI-2-RF & BHI-2) 3 hours is not recommended as medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 02/14/13, 01/25/13  
Initial comprehensive evaluation dated 08/10/12  
OV consultation dated 09/06/12, 12/17/12  
Peer reviews dated 11/07/12  
Designated doctor evaluation dated 10/20/12  
Preauthorization request dated 01/22/13  
Reconsideration dated 01/31/13  
Environmental intervention note dated 02/14/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xxxxx. On this date the patient was pulling a heavy pallet jack when he suddenly experienced severe low back pain. Initial comprehensive evaluation dated 08/10/12 indicates that diagnoses are displacement of lumbar intervertebral disc without myelopathy; and neuralgia, neuritis and radiculitis unspecified. Designated doctor evaluation dated 10/20/12 indicates that the patient reports having two weeks of physical therapy and reported that the treatment did improve his condition. The patient is not currently taking any medications. The patient was determined to have reached maximum medical improvement as of 06/26/12 with 0% whole person impairment. Per peer review performed on 11/07/12, the patient has had a variety of back ailments, best described as strain/sprain to thoracic and lumbar without any surgical concerns. The claimant has been given reasonable conservative care, which actually exceeds the suggested ODG guidelines for these ailments. No further medical care is indicated. Peer review performed on 11/07/12 indicates that the patient has findings consistent with strain/sprain injury which ordinarily resolves within 6-8 weeks post onset. Further treatment would be inconsistent with evidence-based guidelines and the reported

clinical information. Behavioral health preauthorization request dated 01/22/13 indicates that the current request is for establishing a mental health impairment rating (IR).

Initial request for psychiatric diagnostic interview 1 hour-90791 psychological testing MMPI-2-RF and BHI-2, 3 hours-96101 was non-certified on 01/25/13 noting that the history and documentation do not objectively support the request for a psychiatric diagnostic interview or psychological testing at this time. There is no documentation of psychiatric or psychological symptoms in the file and the indications. The medical necessity of these evaluations has not been clearly demonstrated and clarification was not obtained.

The denial was upheld on appeal dated 02/14/13 noting that per ODG, psychiatric testing is an option with patients prior to surgery or in cases of expected delayed recovery from surgery. The submitted notes do not document a history of surgery or plan for future surgery. Also, no other factors are noted other than chronic back pain that would indicate a need or indication for psychiatric testing.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries on xx/xx/xx and was subsequently treated with a course of physical therapy. Designated doctor evaluation dated 10/20/12 indicates the patient was determined to have reached maximum medical improvement as of 06/26/12 with 0% whole person impairment. Per peer review performed on 11/07/12, the patient has had a variety of back ailments, best described as strain/sprain to thoracic and lumbar without any surgical concerns. The claimant has been given reasonable conservative care, which actually exceeds the suggested ODG guidelines for these ailments. No further medical care is indicated. Peer review performed on 11/07/12 indicates that the patient has findings consistent with strain/sprain injury which ordinarily resolves within 6-8 weeks post onset. Further treatment would be inconsistent with evidence-based guidelines and the reported clinical information. The submitted records fail to document any psychosocial indicators, and there is no indication that the patient presents with psychological issues which have impeded his progress in treatment completed to date. As such, it is the opinion of the reviewer that the request for Psychiatric Diagnostic Interview (1 Hour) - 90791 And Psychological Testing (MMPI-2-RF & BHI-2) 3 hours is not recommended as 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)