

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/09/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: repeat psychiatric diagnostic interview 1 hour

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., 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)

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 repeat psychiatric diagnostic interview 1 hour is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 07/17/13, 06/17/13

Behavioral health preauthorization request dated 06/12/13

Reconsideration request dated 06/25/13

Office note dated 06/10/13, 03/17/13, 01/10/13

Psychological testing and assessment report dated 12/14/12

Initial behavioral medicine consultation dated 03/29/12

MRI left knee arthrogram dated 12/26/12

Office consultation dated 05/21/13

Procedure report dated 04/19/13

Initial evaluation dated 03/29/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell on both knees landing on a concrete slab, at which time he heard a popping sound in his lower/mid back and felt a sharp pain from mid back to low back. Treatment to date includes chiropractic care, diagnostic testing, low back injections x 3, left knee arthroscopy on 11/22/11 and physical therapy. Initial behavioral medicine consultation dated 03/29/12 indicates that BDI is 22 and BAI is 14. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; and major depressive disorder, single episode, moderate. Psychological testing and assessment report dated 12/14/12 indicates that the patient has completed 10 days in a work hardening program. BDI is 9 and BAI is 9. MMPI protocol is valid. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic. Behavioral health preauthorization request dated 06/12/13 indicates that the patient has been recommended for repeat psychiatric diagnostic interview to establish a mental health impairment rating.

Initial request for repeat psychiatric diagnostic interview 1 hour was non-certified on 06/17/13 noting that there was lack of documentation indicating a clear clinical rationale for the necessity of repeat psychological testing. There is no indication of a change in the patient's psychosocial presentation since the initial date of testing to warrant further evaluation. Reconsideration request dated 06/25/13 indicates that it has been six months since his last evaluation. The denial was upheld on appeal dated 07/17/13 noting that per telephonic consultation, the patient has completed 10 sessions of work hardening and 20 sessions of chronic pain management program. The patient has undergone extensive lower levels of care. There does not appear to be a significant psychosocial component present. The patient's previous evaluation and testing was only 7 months ago.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in xx/xxxx. Per most recent psychological testing provided, the patient presented with minimal signs and symptoms of depression and anxiety. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic. There is no documentation in the submitted records that the patient's presentation has significantly changed since that time. As noted by previous reviewer, there does not appear to be a significant psychosocial component present. As such, it is the opinion of the reviewer that the request for repeat psychiatric diagnostic interview 1 hour 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 KNOWLEDGBASE

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)