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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Repeat diagnostic interview and mental health testing x 2 hours

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:

[X] 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 <u>each</u> health care service in dispute. It is the opinion of the reviewer that the request for repeat diagnostic interview and mental health testing x 2 hours is not indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 11/15/12, 12/05/12
Response to denial letter dated 11/19/12
Peri-operative mental health evaluation goals/plan/justification not dated
Script dated 10/29/12
Follow up note dated 05/10/12, 10/29/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. Follow up note dated 05/10/12 indicates that the patient presents with a history of low back pain and lumbar radiculopathy. Follow up note dated 10/29/12 indicates that the patient presents with lumbar radiculopathy and failed back surgery syndrome. She has been enrolled in a chronic pain management program and she was given a weaning scheduled for her Dilaudid, but she states that her pain has increased and she could not function with the decrease in her Dilaudid. Medications are listed as Cyclobenzaprine, Fentanyl transdermal system, Protonix, Dilaudid, Ambien, Relpax, Xanax, Lasix, amitriptyline and Geodon. The patient was recommended for psychological clearance for a spinal cord stimulator trial.

Initial request for repeat diagnostic interview and mental health testing x 2 hours was non-certified on 11/15/12 noting that normally this evaluation is indicated prior to proceeding with a spinal cord stimulator trial, and the requested diagnostic interview is appropriate for this purpose. However, several of the psychological tests listed in the request do not have established peer-reviewed, post-marked reliability, empirical validity and normative data to render appropriate sensitivity and specificity for assessment and diagnosis of patients with

chronic benign pain. Therefore, this renders the interpretations questionable; they do not serve as a basis for informing differential diagnosis; and an inflated estimate of reported distress and dysfunction may be inferred. There is also significant covariance among some of them; and some have not been systematically evaluated in screening for a stimulator trial. Fewer tests would therefore be required in this assessment. In addition, approval was given for extensive psychological testing 5 months ago, with a different provider; it is unknown whether and when such may have been completed; and therefore it is unknown whether there needs to be repetition of any instruments. Response to denial letter dated 11/19/12 indicates that is recommending a pre-surgical psychological clearance to include mental health testing in order to assess the patient's readiness for a spinal cord stimulator trial. The denial was upheld on appeal dated 12/05/12 noting that documentation indicates the patient is presently attending a chronic pain management program and had recently been approved for an extensive psychological evaluation both with another provider. Per telephonic consultation with the requesting provider, she was unable to provide any information concerning the patient's recently approved psychological evaluation. Since the patient has recently been approved for an extensive psychological evaluation, the need for a repeat diagnostic interview and additional psychological testing could not be established.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient reportedly was recently authorized to undergo psychological evaluation and extensive testing with another provider. The results of the evaluation and testing are not provided. The patient is noted to be participating in a chronic pain management program; however, the patient's objective, functional response to the program is not documented. Given the current clinical data, it is the opinion of the reviewer that the request for repeat diagnostic interview and mental health testing x 2 hours is not indicated 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)