



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 06/27/13

IRO CASE #:

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

Texas-licensed M.D., board certified in Neurology, added qualifications in Pain Medicine

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Follow up neuropsychological and psychological diagnostic testing evaluation.

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)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
800.26	96116		Prosp.						Overturn
800.26	96118		Prosp.						Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letter of denial 04/24/13, including criteria used in the denial.
3. Case management letter regarding denial 06/04/13.
4. Requests for neuropsychological re-evaluation 04/11/13 & 03/22/13.
5. Neuropsychological evaluation 02/03/12.
6. Pain management follow up visits 01/31, 03/04, 04/01, 04/29 and 06/07/2013.
7. Treating doctors follow up 05/24/12 – 05/16/13,
8. Report of Medical Evaluation 08/21/12.

PATIENT CLINICAL HISTORY (SUMMARY):

This claimant was injured on xx/xx/xx and was diagnosed with a traumatic brain injury. Neuropsychological testing completed approximately six months later did show deficits which led to some rehabilitation services. An updated neuropsychological evaluation has been requested to determine if there has been any change, possibly improvement, in cognitive functioning so that the status for return to work can be established. The requesting physician has indicated that additional testing would be helpful also in determining validity since there is some concern that this claimant may not have provided full effort. Language barrier was also of some concern, so updated testing will take this into account and have a medical interpreter available.

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

I believe that the reasons outlined by the requesting physician for the updated neuropsychological testing are sound. Not only has there been more passage of time since the initial testing, but some rehabilitation services have been provided so that a new "baseline" is to be established. Additional concerns regarding validity of the prior testing, depending on claimant's effort as well as possible language barriers, are also reasonable and have been considered in this case.

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

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- DWC-Division of Workers' Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)