



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

Date: June 25, 2013

**DATE OF REVIEW:** 6/23/2013

**IRO CASE #:**

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

Presurgical Psychological Evaluation

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

Texas State Licensed Board Certified Psychologist

#### **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 or not medical necessity exists for each of the health care services in dispute.

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

1. Texas Dept of Insurance Assignment to Medwork 6/5/2013,
2. Notice of assignment to URA 6/3/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 6/5/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 6/4/2013

Letter for adverse determination from insurance plan 5/20/2013, 5/15/2013, request for preauthorization 5/15/2013, referral form 4/26/2013, history and physical medical notes 4/26/2013, follow-up evaluation medical notes 4/1/2013, medical notes 2/9/2013.

#### **PATIENT CLINICAL HISTORY:**

The patient is a male who complains of low back pain. The injured employee reportedly sustained an injury on xx/xx/xx while working. He was reportedly injured while lifting at his job. He has had diagnostics, physical therapy, one ESI, and medications for his injury. An MRI on 2/09/13 noted a disc protrusion at L3-4 and at L4-5. He rates his pain as 7/10. His doctor feels that he is a candidate for a L3-4 and L4-5 anterior posterior fusion with bilateral laminectomy and has requested that he undergo a



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psychological evaluation prior to proceeding with such a surgery. The tests requested include the MMPI2, Pain and Impairment Relationship Scale (PAIRS), Pain Patient Profile (P3), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Fear-Avoidance Beliefs Questionnaire (FABQ), and Survey of Pain Attitudes (SOPA).

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The patient is reporting ongoing significant pain as a result of his injury at work. He has had treatment for his symptoms and his doctor is considering him to be a candidate for a fusion. The ODG guidelines recommend a psychological evaluation prior to surgical interventions with recommended tests including the MMPI2 and other objective measures. Therefore, the request for a psychodiagnostic interview and psychodiagnostic testing for 4 units to include the appropriate tests appears to be reasonable and necessary, per ODG guidelines.

Recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). 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. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation.

For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. Childhood abuse and other past traumatic events were also found to be predictors of chronic pain patients. Another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem.

Chronic pain may harm the brain, based on using functional magnetic resonance imaging (MRI), whereby investigators found individuals with chronic back pain (CBP) had alterations in the functional connectivity of their cortical regions - areas of the brain that are unrelated to pain - compared with healthy controls. Conditions such as depression, anxiety, sleep disturbances, and decision-making difficulties, which affect the quality of life of chronic pain patients as much as the pain itself, may be directly related to altered brain function as a result of chronic pain. Maladjusted childhood behavior is associated with the likelihood of chronic widespread pain in adulthood. Psychosocial factors may predict persistent pain after acute orthopedic trauma, according to a recent study. The early identification of those at risk of ongoing pain is of particular importance for injured workers and compensation systems. Significant independent predictors of pain outcomes were high levels of initial pain, external attributions



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of responsibility for the injury, and psychological distress. Pain-related work disability was also significantly predicted by poor recovery expectations, and pain severity was significantly predicted by being injured at work.

The denial of these services is overturned.

### **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)

### **REFERENCES:**

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8. Linton SJ. Early identification and intervention in the prevention of musculoskeletal pain. *American Journal of Independent Medicine.* 2002 May.
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