

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sept/3/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient diagnostic psychological evaluation and three (3) hours of psychological testing

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

Board Certified Neurosurgeon

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
History and physical examination dated 10/22/99
Intraoperative radiology report dated 10/22/99
Pathology report dated 10/22/99
Operative report dated 10/22/99
Discharge summary dated 10/24/99
History and physical dated 09/19/00
Operative report dated 09/19/00
History and physical report dated 09/06/02
Intraoperative radiology report dated 09/06/02
Operative report dated 09/06/02
Discharge summary dated 09/07/02
History and physical dated 03/01/11
Operative report dated 03/01/11
Discharge report dated 03/04/11
MRI of the lumbar spine dated 06/28/99
Lumbar CT myelogram study dated 07/27/99
Radiographs of the lumbar spine dated 10/12/00
Radiographs of the lumbar spine dated 12/21/00
Radiographs of the lumbar spine dated 06/28/01
Radiographs of the lumbar spine dated 08/28/01
Lumbar CT myelogram dated 09/19/01

Radiographs of the lumbar spine with flexion and extension views dated 09/24/01
Lumbar CT myelogram dated 03/15/02
Post myelogram lumbar CT dated 04/12/04
Lumbar myelogram dated 04/16/04
Radiographs of the lumbar spine dated 04/07/05
Radiographs of the right hip dated 12/08/05
CT of the lumbar spine dated 06/13/11
CT of the thoracic spine dated 06/13/11
CT myelogram of the lumbar spine dated 10/26/12
Chemistry report dated 03/16/11
Procedure notes dated 07/27/99 – 12/28/12
Clinical reports dated 06/03/99 – 12/06/12
Clinical report dated 01/24/13
Clinical report dated 03/28/13
Clinical report dated 05/23/13
Clinical report dated 06/27/13
Clinical report dated 07/29/13
IRO report dated 03/31/13
Prior reviews dated 07/30/13 & 08/09/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who originally sustained an injury on xx/xx/xx. The patient has had multiple lumbar surgical procedures as well as a spinal cord stimulator placement with a revision procedure in 2011. The patient was recently provides an epidural steroid injection in December of 2012. Per the clinical report on 01/24/13, the patient had no relief from the epidural steroid injection. The patient did not wish to undergo further epidural steroid injections and wanted to discontinue medications. felt that the patient would reasonably benefit from a posterior L3-4 decompression fusion with instrumentation. The patient's surgical procedure was denied through utilization review and IRO in March of 2013. The patient continued to agree to a further lumbar fusion at L3-4. The most recent evaluation on 07/29/13 again indicated that the patient had adjacent level disease at L3-4 and was requiring surgical intervention. The patient was continued on Hydrocodone, Neurontin, and Ambien.

The request for a psychological evaluation with 3 hours of psychological testing was denied by utilization review on 07/30/13 as there was no indication as to why the psychological services were being requested.

The request was again denied by utilization review on 08/09/13 as the utility of the screening was not clear in the medical records.

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

The patient has had multiple lumbar surgical procedures performed followed by placement of a spinal cord stimulator. The most recent imaging showed degenerative changes at L3-4 consistent with adjacent level disease. The patient has been continually followed who is now recommending surgical intervention at L3-4 to address the degenerative disc disease. The patient reported no significant benefits from further injections and did not wish to have further injections performed. The patient wished to decrease his medication usage. Given the indications for possible surgical intervention in this case and as guidelines do recommend psychological evaluations prior to consideration for surgical intervention to rule out any confounding issues that may impact the patient's postoperative recovery, it is this reviewer's opinion that due to the patient's ongoing complaints of chronic pain, prior tertiary level pain management procedures and the new plans for surgical intervention, that medical necessity for a psychological evaluation with 3 hours of psychological testing to rule out confounding issues would be medically appropriate and necessary. Therefore, the prior denials are overturned.

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)