



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**Date notice sent to all parties:** 8/17/2014

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of neuropsychological testing: neurobehavioral status examination-4 hours, neuropsychological assessment-20 hours.

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

The reviewer is a Medical Doctor who is board certified in 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of neuropsychological testing: neurobehavioral status examination-4 hours, neuropsychological assessment-20 hours.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male. He had a fall on xx/xx/xx while working and sustained closed head injury.

As part of his medical care he was evaluated in the Emergency room, used medications for pain management [including Xanax, SOMA, Flexeril, Percocet, Rabaxin and Naprosyn] and also had a Neuro-Psychological testing done on 02/12/2014.

This Independent Utilization review has been requested to determine the medical necessity of a repeat Neuro-Psychological, of Forensic quality, testing to re-evaluate his residual cognitive deficits, if any, and impairment of daily functional capacity, if any, for the purpose of Chronic management and/or his return to work.

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

A full-scale & comprehensive Neuro-Psychological assessment has already been completed on 02/12/2014 and a repeat Neurobehavioral examination completed on 5/16/2014 for the patient provides reasonably detail & adequate information that can be judiciously used by any qualified clinician for determination of the precise need of the patient about his chronic pain management care and/or return to work determination.

The above information is particularly relevant in this particular case and his job description does not involve high intellectual capacity and/or innovative/complex decision makings.

Also, his physical pain management with intake agents like Xanax, SOMA, Flexeril, Percocet, Rabaxin and Naprosyn and /or any Psychotropic use for management of depression/anxiety does not require very high intellectual functioning [of "forensic quality"] as it is also of repetitious & routine in nature. Hence, using the existing neuro-psychological data (completed on 02/12/2014) will represent judicious use of available clinical data without compromising quality of care for the patient.

Based on the above review, the patient does not need any additional Neuro-Psychological testing for his chronic pain management care and/or return to work as requested based their review of reports.

The last Neuro-Psychological testing & report dated February 12, 2014 has clearly defined capacity & deficiencies of the patient resulting from the fall at work/closed head injury. These data are sufficient and can be effectively used for chronic pain management care and/or return to work determination for the patient; therefore, the request is not medically necessary.

**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)**
  1. DSM 5 - American Psychiatric Association publication
  2. Texas Administration Code for management of Head Injury
  3. Practice Guidelines for the treatment of Psychiatric Disorders – an APA publication