

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/18/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** psychological testing 3 hours and evaluation 1 hour

**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:

- 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.** It is the opinion of the reviewer that the request for psychological testing 3 hours and evaluation 1 hour is not recommended as medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as lifting. Post designated doctor evaluation dated 11/08/13 indicates that treatment to date includes injections x 2, work hardening and MRI. Diagnoses are cervical sprain/strain, thoracic sprain/strain and lumbar sprain/strain; all of these conditions have resolved. The patient was determined to have reached maximum medical improvement as of 05/02/13 with 0% whole person impairment. IME dated 03/13/14 indicates that there is no need for future treatment. There are no psychological symptoms that the reviewing doctor is aware of. Request for services dated 05/27/14 indicates that he is currently prescribed Tramadol, Naproxyn and Ambien. He participated in a course of individual psychotherapy in 2012 and 2013. BDI is 28 and BAI is 20.

Initial request for psychological testing 3 hours and evaluation 1 hour was non-certified on 05/30/14 noting that the claimant is post soft tissue injury. The claimant has already been authorized for 8 visits of individual psychotherapy which were performed in 2012 as well as 10 visits of a work hardening program which included psychological treatment. There is no evidence of prior efficacy or objective functional improvement from the prior psychological treatment. The RME performed recommended no further treatments were necessary to treat this claimant for this original work injury. The denial was upheld on appeal dated 06/24/14 noting that the claimant as received previous attempts with individual psychotherapy as well as counseling in a work hardening program. The claimant apparently has not returned to work at modified duties despite these attempts. There are no new findings or red-flags to suggest additional behavioral testing is medically necessary or that additional counseling will have any greater impact this time.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained sprain/strain injuries to the cervical, thoracic and lumbar spine in xxxx. Treatment to date has included individual psychotherapy as well as a work hardening program with a psychological treatment component. The patient's objective functional response to prior psychological treatment is not documented. IME dated 03/13/14 indicates that there is no need for future treatment. There are no psychological symptoms that the reviewing doctor is aware of. The submitted records fail to establish that the patient presents with significant psychological issues which have impeded his progress in treatment to date. Therefore, the request is not in accordance with the Official Disability Guidelines, and medical necessity is not established. As such, it is the opinion of the reviewer that the request for psychological testing 3 hours and evaluation 1 hour is not recommended 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

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)