

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

July/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

4 units neurobehavioral status exam for symptoms related to the cervical, thoracic, and lumbar spine, bilateral knees, bilateral ankles, and right shoulder for a total of 4 hours.

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

Neurosurgery

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

Initial behavioral medicine assessment by MA dated 05/29/14

Preauthorization report dated 06/03/14

Preauthorization report dated 06/16/14

Prior utilization review reports dated 06/09/14 & 06/20/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient was seen on 05/29/14 for an initial behavioral medicine assessment. Per the report, the patient did lose consciousness and was unconscious for approximately 2 minutes. The patient did describe difficulty seeing or hearing as well as dizziness after the injury. Since the injury, the patient has reported severe headaches, dizziness, and balance problems as well as memory issues, hearing loss, and visual problems. The patient is noted to have had multiple surgical interventions at the right shoulder to address a fractured distal right clavicle. Previous neuropsychological evaluations were completed in August and September of 2013. Per this behavioral assessment, only cognitive measures were tested and the patient's full motor and sensory abilities were not tested. This behavioral medicine assessment indicated that conclusion was that the patient presented with traumatic neuropsychological symptoms which were inconsistent. This evaluation noted a constricted affect and dysthymic mood. The patient endorsed feelings of dizziness, loss of balance, poor coordination, clumsiness, and headaches. The patient's BDI inventory noted severe depression and BAI was noting

moderate anxiety. The patient's FABQ scores were at maximum. The patient continued to report severe pain despite treatment. Given the incomplete previous neuropsychological evaluation, this report recommended a 2nd neuropsychological assessment to evaluate all functioning areas. Per the preauthorization request dated 06/03/14, the request was for a neurobehavioral status exam for 4 units and a neuropsychological assessment for 20 hours which would be 20 units.

The requested 4 units of a neurobehavioral status exam was denied by utilization review on 06/09/14 which indicated that there was no prior assessments for the patient other than the behavioral medicine assessment dated 05/29/14.

The request was again denied by utilization review on 06/20/14 as there was no indication for separate neurobehavioral status examinations combined with a neuropsychological evaluation.

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

The clinical documentation provided for review noted a substantial head trauma injury when the patient was struck by a very heavy object, falling to the ground with a noted loss of consciousness. Per the initial behavioral assessment from 05/29/14, the patient did describe symptoms consistent with post-concussive syndrome as there were noted headaches, dizziness, balance and memory problems, as well as visual problems. The patient further endorsed these issues on a neuropsychological symptom checklist and neurobehavioral symptoms inventories. While these inventories are initial screening tools to determine the extent of neuropsychological symptoms, they do not replace the information that could be obtained with a neurobehavioral status examination which is much more focused and can determine the extent of neuropsychological behaviors as a result of head trauma. In this case, this reviewer does feel that the requested neurobehavioral status exam is indicated in order to establish the extent of the head trauma sustained on the date of injury. As such, it is this reviewer's opinion that medical necessity is established and the prior denials are overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES