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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/15/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat Diagnostic Interview

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who initially presented with complaints of low back pain secondary to a motor vehicle accident. The psychiatric evaluation dated indicates the patient having undergone an MRI of the lumbar spine as well as both shoulders. Electrodiagnostic studies were also completed. The patient has ongoing complaints of pain. The note indicates the patient alert and oriented x 3. The patient's memory was well-preserved. The patient's mood and affect were congruent. The note does indicate the patient needing coping strategies to deal with his depression, anxiety, and agitation. The clinical note dated 11/11/13 indicates the patient complaining of 3.5-7.5/10 pain. The patient stated that he had been utilizing over the counter medications to address the ongoing complaints of pain. There was also an indication that the patient has undergone injections which have proved helpful. Decreased strength was identified at the left shoulder. The clinical note dated 01/11/14 indicates the patient continuing with complaints of cervical region pain with radiating pain to both shoulders. The note indicates the patient utilizing Hydrocodone and Ibuprofen for pain relief. The clinical note dated 01/17/14 indicates the patient showing tenderness upon palpation at the left shoulder. The patient was able to demonstrate 90 degrees of flexion, 30 degrees of extension, 95 degrees of abduction, and 35 degrees of adduction. The clinical note dated 04/16/14 indicates the patient continuing with low back pain as well as radiating pain into the lower extremities. The patient also had complaints of tingling in the lower extremities. The patient had been recommended for an epidural steroid injection at that time.

The utilization review dated 02/21/14 resulted in a denial for a repeat diagnostic interview as no significant psychological symptoms were indicated in the clinical notes. No screening mental status examination was documented. No progressive symptoms were identified in the clinical notes.

The utilization review dated 04/01/14 resulted in a denial as no updated information had been provided.

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

The documentation indicates the patient complaining of pain at several sites, most notably the cervical, shoulder, and low back regions. A repeat diagnostic interview would be indicated provided the patient meets specific criteria to include a significant progression of the patient's symptoms or a preliminary study indicating the patient showing significant pathology. No information was submitted regarding the patient's progressive symptoms from a psychological perspective. No screening mental status examination was submitted for review. No significant functional changes were also identified in the clinical notes. Given these findings, this request is not indicated. As such, it is the opinion of this reviewer that a repeat diagnostic interview is not recommended as medically necessary for this patient.

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