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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/11/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: neuropsychological testing, neurobehavioral status exam 4(hrs), neuropsychological assessment 20 Hrs

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 neuropsychological testing, neurobehavioral status exam 4(hrs), neuropsychological assessment 20 Hrs is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient tripped and fell and hit the right parietal area of her head. Neurologic consultation dated 01/02/13 indicates that the patient is pretty sure she lost consciousness for 5-15 minutes. CT scan of the brain was essentially normal. EEG study report dated 01/22/13 is a normal study. Treatment to date includes physical therapy, epidural steroid injection and medication management. Initial behavioral medicine consultation dated 12/17/13 indicates that medications include Celexa, Claritin, hydrocodone-acetaminophen, Topamax and Tramadol. The patient reports a history of migraine headaches which were previously controlled with a dosage of 75 mg of Topamax. After her accident it had to be increased to 200 mg to provide the same relief. The patient endorses both initial and sleep maintenance insomnia. Her mood was dysthymic and affect was constricted. BDI is 39 and BAI is 33. FABQ-W is 27 and FABQ-PA is 12. PTSC checklist score is 69 which is in the severe range.

On the Neuropsychological Symptom Checklist she reported experiencing blurred vision and blank spots in her vision. NSI noted that the patient rated the interference of the following symptoms as "severe": headaches, poor concentration, forgetfulness, difficulty making decisions, slowed thinking, fatigue, sleep problems, feeling anxious and feeling sad. Diagnosis is posttraumatic stress disorder, chronic; rule out cognitive disorder, nos. Psychological diagnostic interview dated 12/18/13 indicates that she self-rates her depression at 5 or 6 out of 10 and anxiety 8 out of 10. BDI is 30 and BAI is 25. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Neurocognitive and behavioral consultation dated 01/30/14 indicates that on the PCL-C she scored a raw score of 73 suggesting symptoms of PTSD are in the clinical range. While

there are minimal obvious cognitive deficits on this very brief screen, more than 1 year later, she presents with symptoms consistent with post-concussive syndrome including significant depression and anxiety which seem to be alleviated only minimally by her current medication regimen. Note dated 01/31/14 indicates that the patient has been approved for 80 hours of functional restoration program. The patient's hydrocodone has been reduced to QD. Pain level has decreased from 6-7/10 to 4-5/10. BAI decreased from 25 to 16 and BDI remains 32.

Initial request for Neuropsychological testing, neurobehavioral status exam-4 hours, neuropsychological assessment 20 hours was non-certified on 01/23/14 noting that before 24 hours of additional assessment are performed, the patient be seen by neuropsych. Testing is wonderful, but after all the assessments the patient has had to date, the reviewer wonders about its contribution to returning the patient to the workforce. Reconsideration request dated 02/05/14 indicates that and is acting out of the scope of his expertise when the request is solely for neuropsychological assessment. The clinical question to be answered is about ruling in/out cognitive disorder, nos. The denial was upheld on appeal dated 02/12/14 noting that the submitted records indicate that the patient sustained a mild traumatic brain injury. The Official Disability Guidelines support neuropsychological testing for severe traumatic brain injury. The patient's CT scan of the brain is noted to be normal and EEG is reported as a normal study. Behavioral medicine consultation dated 12/17/13 indicates that the patient was pending a CT scan of her head; however, the results of this study are unknown.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx as a result of a slip and fall. The patient has undergone extensive testing. Per neurocognitive and behavioral consultation on 01/30/14, there are minimal obvious cognitive deficits on this very brief screen. The patient underwent CT scan of the head which is reported to be a normal study. Additionally, EEG report indicates this is also a normal study. It appears that the patient recently participated in a functional restoration program. There are no updated post-program records submitted for review. As such, it is the opinion of the reviewer that the request for neuropsychological testing, neurobehavioral status exam 4(hrs), neuropsychological assessment 20 Hrs 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)