

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: psych eval w/med srvcs

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 psych eval w/med srvcs 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. On this date the patient was involved in a motor vehicle accident when he drove into a ditch after falling asleep. Initial psychiatric evaluation dated xxxx indicates that the patient has had a work-related moderate to severe cognitive impairment due to a traumatic closed-head injury, has been diagnosed as having posttraumatic stress disorder, panic disorder, seizure disorder, type II diabetes, and auditory hallucinatory psychosis. The patient states that prior to the accident he never had psychiatric symptoms. Diagnoses are listed as mood disorder due to general medical condition (traumatic brain injury); anxiety disorder due to general medical condition (traumatic brain injury); psychotic disorder due to general medical condition (traumatic brain injury); and cognitive disorder nos. Letter dated 01/23/09 indicates that opines that the patient cannot return to work in any capacity and will require continuous psychiatric and neurological follow for management of his multiple injuries. Letter dated 04/27/11 indicates that patient has tried and failed Paxil, Lexapro, and Lamictal. The patient started Pristiq in May 2009. Handwritten psychiatric progress note dated 11/19/13 indicates that the patient has been depressed. Handwritten note dated 02/18/14 indicates that the patient has quit smoking. He denies violence, psychosis, mania and hypomania.

Initial request for psych eval with med srvcs was non-certified on 02/27/14 noting that there is a lack of objective indications of improvement from previous individual psychotherapy and there was no current clinical information submitted for review. The denial was upheld on appeal dated 03/10/14 noting that there is very limited information available for review. The latest information is from a UR dated 06/06/13. It is unclear what, if any, psychotropic medications the claimant is on. There is a lack of objective clinical data to support the request.

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 secondary to a motor vehicle accident and has undergone extensive psychological and psychiatric treatment. The patient's current medication regimen is not documented. There are no objective measures of improvement provided to establish efficacy of prior psychological/psychiatric treatment. There is no clear rationale provided to support the request at this time. As such, it is the opinion of the reviewer that the request for psych eval w/med srvc 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)