

True Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychological testing (3 hours: MMPI-2-RF & BHI-2)

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

MD, 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The patient noted pain to her back. Designated doctor evaluation dated 01/16/13 indicates that the patient's surgical history is significant for right knee arthroscopy in 2011. Assessment notes lumbar strain, disorder of bursa and tendons in the shoulder region, unspecified, and neuralgia, neuritis and radiculitis, unspecified. The patient was determined to have reached maximum medical improvement as of 12/14/12 with 8% whole person impairment. Individual psychotherapy note dated 08/19/14 indicates that the patient has completed 4 sessions to date. Current medication is lisinopril. The patient reports completing 2 bilateral L5-S1 epidural steroid injections and more than 30 sessions of physical therapy. Diagnoses are major depressive disorder, moderate; and somatic symptom disorder with predominant pain. Initial BDI on 06/16/14 was 28 and BAI was 23.

Initial request for Psychological testing (3 hours: MMPI-2-RF & BHI-2) was non-certified on 08/25/14 noting that the patient has been recommended for psychological testing prior to enrollment in a functional restoration program. The patient has not worked since the date of injury in xx/xxxx. The Official Disability Guidelines generally do not support functional restoration programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The patient has been determined to have reached maximum medical improvement by a designated doctor with 8% whole person impairment. Per telephonic consultation, the patient has been compliant with treatment to date. However, given the injury was over xx years ago, guidelines do not support functional restoration program/CPMP,

and there do not appear to be any extenuating circumstances. Reconsideration dated 09/03/14 indicates that the patient needs psychological test with validity scales as part of the assessment for a chronic pain program. The denial was upheld on appeal dated 09/08/14 noting that the patient is not an appropriate candidate for chronic pain management program given the chronicity of her injury and failure to return to work. The patient is already at MMI with 8% impairment.

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 and has undergone treatment consisting of physical therapy, epidural steroid injections and individual psychotherapy. There is no initial behavioral medicine consultation submitted for review. The patient has been recommended for psychological testing prior to a chronic pain management program. The Official Disability Guidelines do not generally recommend chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. A designated doctor has previously determined that the patient reached maximum medical improvement as of 12/14/2012. As such, it is the opinion of the reviewer that the request for psychological testing (3 hours: MMPI-2-RF & BHI-2) is not recommended as medically necessary.

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