

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 17, 2014 AMENDED SEPTEMBER 18, 2014

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed 3 hours of Psychological testing (MMPI-2-RF and BHI-2)

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

This case was reviewed by a PhD licensed by the Texas State Board. The reviewer specializes in Clinical psychology and is engaged in full time practice.

### **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)

| Primary Diagnosis | Service being Denied               | Billing Modifier | Type of Review | Units | Date(s) of Service | Amount Billed | Date of Injury | DWC Claim# | IRO Decision |
|-------------------|------------------------------------|------------------|----------------|-------|--------------------|---------------|----------------|------------|--------------|
| 847.1/847.2       | Psych Testing(MMPI-2-RF and BHI-2) |                  | Prop           | 3     |                    |               | Xx/xx/xx       | xxxxx      | Upheld       |

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related injury on xx/xx/xx.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

RATIONALE: It appears as though the chronic pain management program was requested after a history and physical that included a general physical exam paragraph, a list of medications, and a history of the illness. The plan was for "tapering pain meds throughout the program", and no other

plan is specified. The Impression section, which supposedly documents the diagnosis of "Chronic pain syndrome", is from the AMA fourth edition, and notes symptoms to include: "duration, dramatization, drugs, dependence, depression, disuse, and dysfunction.

There are no other tests, interviews, mental status evaluation, or back up from ODG, which is the officially accepted protocol for requesting these types of programs in the state of Texas. Psychological testing is not indicated, until there has been a more robust examination of the patient psychologically. There should be some reasonable outcome of a patient interview that would suggest further need for personality testing. As such, the URA denial should be upheld.

References: ODG, DWC Guidelines, Medical Experience, etc

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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