



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 3/26/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Neuropsychological assessment

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

Texas State Licensed MD Board Certified Psychiatrist

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 or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The patient is a female who experienced a motor vehicle accident as well as a fall with neck, back, and head injury. Guidelines from ODG are summarized, in which a neuropsychological testing is now recommended for the 1st 30 days and then recommended only if symptoms persist.

It is noted that the date of injury was xx/xx/xx and that cognitive deficits of significance what has appeared prior to the current date of the request for neuropsychological testing. A request by the clinical psychologist in support of the testing is noted under the heading of a re-consideration. The provider reflects statements in a prior peer review that there was no clear mechanism of occupational injury to the head and no clear support for a brain injury. The previous peer review cited that the brain MRI in 2010 was normal. The physician then cites numerous references, which the provider indicates, supports the possibility of a head injury regardless of the mechanism such as noting that a high-energy fall on buttocks could cause brain injury.

The provider cites briefly records from providers of unknown specialties, which often reflect according to provider that the patient has closed head injury or complaints of chronic headaches. The provider notes that the patient's complaints are consistent with a whiplash including neck pain, stiffness, loss of range of motion in the neck, tenderness or pain in shoulder, and fatigue, as well as difficulty concentrating, memory problems, and depression. The provider notes that the patient has not had any prior neuropsychological testing and provides numerous references. The physician adviser reports to which



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provider refers to dated 02/18/2015 is reviewed and the reviewer cites ODG guidelines for neuropsychological testing and notes insufficient evidence to support the request.

A clinical report reflecting estimated date of service 02/12/2015 to 04/12/2015 is reviewed. The provider notes that the patient sustained injury to her buttocks, low back, and hip on 06/23/2008, while slipping on the floor. As she was leaving the work compound after being told to go to the company doctor, she was rear-ended by another vehicle. She was noted to have several lumbar issues. She had several sessions for pain management. She endorses headaches, burning skin trouble, walking muscle spasms, muscle weakness, memory problems, sadness, depression, and poor concentration. The remainder of the providers report reflects verbiage that supports in general of the need for neuropsychological exam. A 01/17/2015 progress note reflects that the patient sustained injuries to her neck, low back, and head on 06/23/2008 and still has pain with chronic headaches and depression. She is out of medications. She is noted to be on Flexeril, Lyrica, Motrin, Topamax, and tramadol. Mood appears mildly depressed, and the impression of headaches related to closed head injury with chronic pain issues.

Neuropsychological evaluation is requested regarding issues of depression and headaches. An individual psychotherapy note dated 12/22/2014 reflects the claimant is on no medication for depression with the diagnosis of major depressive disorder and somatic symptom disorder. Mood is dysthymic. Mental status is noted only, as the patient is oriented x5 and actively engaged.

The patient utilized cognitive behavioral therapy and indicates numerous problems, which she endorses as related to her accident on 06/ 23/2008, including headaches, running or walking muscle spasms, muscle weakness, memory problems, depression, and head injury.

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

The information provided is nonspecific as to any issues with concentration or memory which the patient may have been experiencing. The patient was apparently able to participate in cognitive behavioral therapy, which without any difficulties reflecting basic intact thought processes and exactly functioning skills. There is no evidence in the one progress note by the therapists submitted that the patient was having any difficulties with hospital responsibilities, finances, or ADLs. There were no behavioral incidents noted by any providers reflecting issues of memory or concentration. In addition, the patient is diagnosed with major depressive disorder. Although, the limited information available is inadequate to support this diagnosis, if such a diagnosis exist, clearly the patient has not been treated in terms of any psychopharmacological intervention for depression.

Concentration and memory are of symptoms associated with depression and it would therefore be indicated for the patient to have a psychiatric referral to determine whether this diagnosis of major depression is accurate and whether treatment is needed. As alluded to in prior peer reviews, the incident in question occurred on 06/23/2008. It appears that the patient, however, is only recently reporting such issues as the therapist indicates that she has "some concerns that she may be experiencing some symptoms" related to this incident. However, it is not consistent with the nature of head injuries that 6 years later memory and concentration problems would be only apparent.



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Given the diagnosis of depression, it would appear far more consistent with the history available that of the patient's concentration and memory issues, if they do exist related to depression and not a head injury 6 years previous to the present date. The intervention therefore again would be a psychiatric referral along with possible medication and ongoing psychotherapy rather than referral for neuropsychological testing. It was also noted that the referral itself appears to have been made due to "depression and headaches" as per the progress note, not due to concentration or memory issues. Such referral for neuropsychological testing is not medically necessary as an evaluation for depression requires clinical evaluation and not neuropsychological testing. Based on the above there is no basis to support the request and the prior decision is upheld. Source of screening is medical judgment clinical experience and expertise.

Reconsideration dated 02/20/2015 for the test request notes that there is no described mechanism of occupational injury to the head beyond a contusion, noting that the patient fell on her buttocks and had a minor rear-end motor vehicle accident with no information to support a head injury. It was noted that a brain MRI in 2010 was normal.

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
- 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)