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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/13/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: neuropsychological assessment 20 hours - 20 units, neurobehavioral status examination 4 hours - 4 units

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Family Medicine

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. In this reviewer's opinion, the request for a neuropsychological assessment 20 hours/20 units, neurobehavioral status examination 4 hours/4 units is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: xx is an individual with a reported date of injury of xx/xx/xx. On 04/28/15, a history and physical was performed and it was noted that the patient was injured as he was starting to leave his job, and a stack of x on the floor was noted and he lifted the racks of x approximately 6 feet high underestimating the weight from the x and lost his balance, falling backwards striking his head. He noted an acute onset of neck pain and head pain. It was noted that he was subsequently seen in the emergency room and denied having any CT or radiographs. He complained of headaches, mood swings, irritability and neck pain. Upon exam, cranial nerves 2-12 were grossly intact, and his anterior neck was soft and supple. He had no neurological deficits and no palpable defects or step offs were noted to the posterior occiput. On 05/04/15, he was seen for initial clinical interview and analysis from a behavioral medicine consultation perspective. He endorsed fear avoidance of both physical activity in general as well as of work and his BDI2 score was 51 indicating severe depression and his BAI score was 26, reflecting severe anxiety. Assessment included major depressive disorder, somatic symptom disorder, psychotic disorder due to a neurocognitive disorder and personality change due to a traumatic brain injury. On 05/18/15, a request for a neurobehavioral status exam, 4 hours/4 units and neuropsychological assessment 20 hours or 20 units was submitted by Behavioral Health Providers.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On 05/21/15, a notification of adverse determination was submitted for the requested services in which it was noted that the diagnosis included major depressive disorder, unspecified neurocognitive disorder, somatic symptom disorder with predominant pain, rule out PTSD, rule out mild neurocognitive disorder due to TBI, rule out psychotic disorder due to neurocognitive disorder, and rule out personality changes due to TBI. It was noted the request was excessive as sufficient assessment could be accomplished in 8-12 hours. A partial approval of 12 hours was given through a peer-to-

peer but could not be accomplished. On 06/17/15, a notification of reconsideration determination was submitted noting that there were no exceptional factors provided that would support extending the testing duration so far beyond what was recommended and what would be considered a normal testing period. Therefore the request was non-certified. The Official Disability Guidelines Head Chapter was utilized for the reference source for the 2 denials and will be utilized for this review. It is noted that neuropsychological testing, per the guidelines, is recommended for severe traumatic brain injuries, but not for concussions unless symptoms persist beyond 30 days. In support of Official Disability Guidelines, a report by, PHD, notes "the assessment battery can be standardized or targeted to the individual participant in the assessment. Neuropsychological tests are intrinsically performance based". The previous determinations have stated that the request for 20 hours of neuropsychological testing is excessive. The guidelines support a limited neuropsychological evaluation. Therefore, the requested 20 hours of a neuropsychological assessment appears to be excessive. In this reviewer's opinion, the request for a neuropsychological assessment 20 hours/20 units, neurobehavioral status examination 4 hours/4 units is not medically necessary and the prior denials are upheld.

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)