

# MEDRx

3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069  
Ph 972-825-7231 Fax 972-274-9022

**DATE OF REVIEW:** 12/2/15

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of Neurobehavioral Status Examination, 4 hours; neuropsychological Assessment, 20 hours.

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

The reviewer is a Medical Doctor who is board certified in 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)

The reviewer agrees with the previous adverse determination regarding the Neurobehavioral Status Examination, 4 hours; neuropsychological Assessment, 20 hours.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a Male an employee of X. He reportedly sustained injury to his back & neck, while at work, on XX/XX/XX after he was hit by a hanging metal casing resulting in fall of a catwalk and landing on his back. Since then patient has been complaining of frequent headaches, back & neck pain, fear of unknown and frequent forgetfulness.

No reports of head injury and/or loss of consciousness, as a result of this fall, were noted in his medical records.

As part of work-related injury he has been evaluated.

He also had radiologic evaluation of his C-spine, T-spine and L-spine by MRI on 7/22/2015. Evaluation of C-spine, reportedly had “abnormality” (details of its nature, new or old has not been detailed in the records provided) but T-spine and L-spine evaluation was reported of having no abnormalities.

Because of patient’s persistent complains of frequent headaches, back & neck pain, fear of unknown; frequent forgetfulness and inability to function at his “pre-Injury” level, X did an Initial Behavioral Medicine Assessment on 09/16/2015 recommended a Neuro-Behavioral status Examination [4H for 4 units]; Neuropsychological Assessment [20H for 20units] and a scheduling lag time.

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

of on her Initial Behavioral Medicine Assessment on 09/16/2015 reported Irritability level at 6/10; Frustration/Anger level at 4/10; Muscle tension level @ 3/10; Nervousness/worry at 2/10; **Sadness/Depression at 2/10**; Sleep problem at 6/10 and **forgetfulness level at 4/10**. – such clinical scenario does not need a full batter of Neuro-Behavioral status Examination [4H for 4 units] and/or Neuropsychological Assessment [20H for 20units].

reported on in her own appeal note on 10/02/2015 that patient scored **27/30** in his MMSE testing – this score is suggestive of no significant cognitive impairment and falls within normal functional memory range for an average person.

**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)**

Texas Administration Code : ODG Criteria for Neuro-Behavioral status examination/ Neuropsychological Assessment in case of Head injury: Treatment Index – Web Edition – 13th.

[this criterion was used, even though Mr. Rodgers reportedly had back & neck trauma/pain but no reports of head injury/loss of consciousness but complained of, among others, frequent headaches and frequent forgetfulness].

Practice Guidelines for the Treatment of Psychiatric Disorders – APA publication.

Interpretation Guideline of Folstein Mini-Mental Status Examination.