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An Independent Review Organization

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DATE NOTICE SENT TO ALL PARTIES: Jun/02/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: neuropsych evaluation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and Pain 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. It is the opinion of the reviewer that the request for neuropsych evaluation is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient was involved in a rollover motor vehicle accident with possible loss of consciousness. Head CT showed a small left temporal bone fracture without displacement. The fracture is far anterior from the ear or mastoid cells. The patient became combative, moving and would not follow directions. Follow up note dated 02/05/13 indicates that the patient was seen for initial evaluation in May 2012 and started attending rehabilitation in Austin. He returns now to reestablish psychiatric care. The patient reports that he attended physical and psychological rehabilitation for about 8 weeks. He received multiple evaluations during this time, but he is unsure what exactly was done. Diagnosis is posttraumatic stress disorder, chronic; depressive disorder, NOS. The patient subsequently underwent a course of individual psychotherapy from this date through 01/30/14. Note dated 01/30/14 indicates that BDI is 29 and PTSD score is 60, a slight decrease from last PTSD screening. Office visit note dated 03/13/15 indicates that the patient presents for follow up of worsening jaw pain, refill of pain medications and concern regarding his disability running out in 2017. Overall he is doing about the same. Patient had nasal surgery approximately two months prior. On examination affect and demeanor are appropriate. Speech pattern is normal and memory is grossly normal.

Assessment notes dizziness, acquired deviated nasal septum, moderate depression, memory loss and facial weakness.

A request for neuropsych evaluation was non-certified on 01/12/15 noting that the patient is documented as having previously completed 24 sessions of psychotherapy. The details, testing and outcomes of that treatment is not documented. Prior to any consideration of additional neuropsych testing or treatment, this information relating to the prior sessions of psychiatric services needs to be documented explicitly and past evaluations need to be submitted for review.

A request for neuropsych evaluation was non-certified on 03/27/15 noting that records do not indicate significant progress for the approximately 24 sessions of individual psychotherapy

treatment so far. The progress note did not indicate any mood or memory deficits. The denial was upheld on appeal dated 04/15/15 noting that the patient had previously completed 24 sessions and there was no detailed documentation of the patient's past psychiatric services (to include an evaluation was received). There are no cognitive problems noted on the physical examination.

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 secondary to a rollover motor vehicle accident and has reportedly undergone extensive evaluations and treatment. There are no prior evaluations submitted for review. There are serial individual psychotherapy notes provided which fail to document any significant progress as a result of treatment. The submitted records fail to document any significant cognitive problems which would require a neuropsych evaluation. There is no recent behavioral medicine evaluation submitted for review. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for neuropsych evaluation is not recommended as 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)