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DATE NOTICE SENT TO ALL PARTIES: May/11/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: repeat psychiatric diagnostic interview (1 hour) and repeat psychological testing (4 hours)

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

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 repeat psychiatric diagnostic interview (1 hour) and repeat psychological testing (4 hours) is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. Initial behavioral medicine consultation dated 11/26/12 indicates that the patient's x was struck by another x causing him to hit his head on the metal roof. The patient was diagnosed with pain disorder associated with both psychological factors and a general medical condition; major depressive disorder; and anxiety disorder nos; rule out cognitive disorder. Psychological testing and assessment report dated 04/17/14 indicates that the patient completed 18 individual psychotherapy sessions and 10 days in a work hardening program. MMPI results produced a valid protocol. Diagnoses are listed as major depressive disorder and somatic symptom disorder with predominant pain. Office visit note dated 02/27/15 indicates that the patient presents to review his most recent lumbar MRI; however, he did not bring the CD with him. indicates that it is essential that he review the more recent MRI as he may alter his earlier recommendation for laminectomy discectomy to now include TLIF.

Initial request for repeat psychiatric diagnostic interview 1 hour, repeat psychological testing 4 hours was non-certified on 03/24/15 noting that per telephonic consultation with, he did not know if the previously certified psychological evaluation had been performed. He stated that repeat testing would be needed because the surgery under consideration is more extensive than what was suggested previously. He also stated that the prior psychological evaluation would be 2 years old. A comprehensive psychological evaluation was certified in July 2013 and presumably completed given that 360 degree lumbar fusion was certified shortly thereafter. The surgery under current consideration does not appear to be more extensive than what was previously certified. There is no indication that the claimant's psychological status has changed significantly since the last assessment. If the claimant was considered psychologically sound for fusion in 2013, there is no indication as to why he would not be at this time.

Reconsideration dated 04/02/15 indicates that his last evaluation was 08/02/13. The request

is to assess current mental status and assess need for surgery noting that wants to do a laminectomy discectomy to now include TLIF and his last visit with was 02/27/15. The denial was upheld on appeal dated 04/09/15 noting that stated features he would discover on testing that would preclude going forward on surgery included psychosis, suicide, rampant substance abuse, etc. The reviewer noted that all of these could be reasonably rechecked within a one hour diagnostic interview.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient was most recently seen on 02/27/15 at which time he forgot to bring his MRI for review. The note indicates that the current surgical recommendation is for laminectomy discectomy; however, based on MRI findings this may change to include TLIF. Therefore, the submitted records only document a current request for laminectomy discectomy as it is unclear if the patient's MRI has been reviewed and the surgical recommendation amended. The Official Disability Guidelines do not require psychological clearance for laminectomy discectomy, especially for this patient who has previously received psychological clearance for lumbar fusion. The requested testing is excessive given the goals of the evaluation and testing and the patient's prior history of psychological assessments. As such, it is the opinion of the reviewer that the request for repeat psychiatric diagnostic interview (1 hour) and repeat psychological testing (4 hours) 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)