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DATE NOTICE SENT TO ALL PARTIES: May/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: 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 neuropsychological assessment is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell backwards while exerting pulling force sustaining a contusion to the back, displacement of lumbar disc, concussion and open wound of scalp. MRI of the brain dated 02/26/13 reported no evidence of skull fracture. The patient participated in a course of physical therapy, injection therapy and medication management. The patient completed a course of individual psychotherapy. Neuropsychological evaluation dated 07/23/14 indicates that it is not clear if the patient suffered a loss of consciousness. Since that time he has continued to experience symptoms related to his injury including loss of sense of smell, loss of sense of taste, blurred vision, deafness in the right ear, tinnitus, muscle spasms, trouble walking headaches, stress, anger, worry and anhedonia. Neuropsychological testing provided evidence of cerebral impairment with significant deficits noted in the domains of general cognition, attention and concentration, processing speed, both dominant and non-dominant motor and sensory and significant emotional distress in the form of depression and anxiety. Initial assessment/evaluation dated 10/22/14 indicates Mayo-Portland Inventory scores are Abilities 81, Adjustment 69 and Participation 48. Diagnoses are mild neurocognitive disorder due to a traumatic brain injury; major depressive disorder; and somatic symptom disorder with predominant pain. Designated doctor evaluation dated 01/08/15 indicates that the patient would have been at maximum medical improvement on 01/28/13. The patient was provided 0% whole person impairment. PPE dated 01/28/15 indicates that required PDL is very heavy and PDL at that time was sedentary. Follow up note dated 03/18/15 indicates that the patient completed 160 hours of an OMR brain rehabilitation program. He reports head to toe pain. Current medications include amitriptyline, Cymbalta, Fioricet/codeine, Lisinopril, metformin, naproxen and pravastatin sodium. Impression notes head concussion post-concussion syndrome, cephalgia, lumbar herniated nucleus pulposus L4-5. Behavioral health preauthorization request dated 03/24/15 indicates that the current request is for establishing a mental health impairment rating.

Initial request for neurobehavioral status examination x 1 unit, neuropsychological

assessment was non-certified on 03/27/15 noting that the patient had previously undergone a neuropsychological evaluation on 07/23/14. The patient then had an initial assessment/evaluation for a neurocognitive program on 10/22/14. It was noted the patient was participating in group psychotherapy on 01/14/15. The submitted records failed to include documentation of a rationale for a neurobehavioral status examination considering there should have been ongoing evaluation while the patient was participating in group psychotherapy. Reconsideration request dated 04/07/15 indicates that the patient completed an outpatient medical rehabilitation program in January 2015. His treating doctor ordered a neurological impairment rating. The denial was upheld on appeal dated 04/28/15 noting that this is requested to establish an impairment rating and includes an MMPI and one other test of neuropsychological functioning. A treatment modification of two hours of testing was offered to ; however, he refused to accept less than 4 hours of testing.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has undergone extensive treatment to date including a course of individual psychotherapy and 160 hours of outpatient medical rehabilitation program. Designated doctor evaluation dated 01/08/15 indicates that the patient would have been at maximum medical improvement on 01/28/13. The patient was provided 0% whole person impairment. It is unclear why extensive evaluations and testing provided to date is insufficient to establish a mental health impairment rating. There is no clear rationale provided to establish that medical necessity criteria have been met in accordance with the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for neuropsychological assessment 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 KNOWLEDGBASE

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)