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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 10/07/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Internal Medicine

Description of the service or services in dispute:

Psychological Testing (3 hours)

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)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. On this date a gas pipe exploded and fractured his right lower leg. He was diagnosed with fracture of the tibia and fibula. The patient underwent intramedullary fixation of a tibial shaft fracture and reduction and fixation of the tibial plateau on 03/27/14 and removal on 09/17/14. The patient completed 28 postoperative physical therapy visits. Designated doctor evaluation dated 03/11/15 indicates that the patient reached maximum medical improvement as of 03/09/15. Functional capacity evaluation dated 06/29/15 indicates that current PDL is medium (35 lbs) and required PDL is medium (50 lbs). Initial behavioral medicine consultation dated 06/29/15 indicates that diagnosis is somatic symptom disorder with predominant pain. Work hardening preauthorization request dated 07/02/15 indicates that FABQ-W is 14 and FABQ-PA is 16. BDI is 13 and BAI is 3. History and physical chronic pain management program dated 08/22/15 indicates that he has a great deal of difficulty walking and is walking with a cane. He is unable to lift any weight. Current medications are hydrocodone-acetaminophen, Lyrica, Metformin and tramadol.

Initial request for psychological testing 3 hours was non-certified on 08/28/15 noting that the request was made for the patient to be evaluated prior to a chronic pain program. The physician's impression included that the patient had depression accompanied by emotional upheaval and problems coping with events. There were no patient complaints noting depression. However, previous psychological testing showed minimal depression and minimal anxiety based on the patient's BDI and BAI scores. The physician evaluation and observations of depression were not noted. The patient had participated in a work hardening program and the guidelines do not support entry into a similar program. Reconsideration request dated 09/04/15 indicates that did a history and physical and feels he is an appropriate candidate for this program. He notes that he has depression due to injury and still exhibits pain behaviors. Testing will be utilized to come up with a better treatment plan for this patient and determine if he can benefit from a psychotropic and therapy in the program. The denial was upheld on appeal dated 09/17/15 noting that the patient's psychological symptoms are minimal and the patient has already participated in the work hardening without any additional testing.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries in xxxx and most recently has completed a work hardening program. There were no work hardening progress notes submitted for review. The patient has now been recommended for psychological testing prior to a chronic pain management program. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program and note that chronic pain management programs should not be used as a stepping stone after less intensive programs. It should be noted that prior to the work hardening program the patient's PDL was medium (35 lbs) and required PDL was medium (50 lbs). Given the subsequent referral to a chronic pain management program, it appears that the patient was not able to attain his required PDL for return to work despite a work hardening program. The

patient's Beck scales are minimal. As such, it is the opinion of the reviewer that the request for psychological testing (3 hours) is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)