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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/28/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 24 hours of neuropsych testing

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: PhD, Licensed Psychology

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 24 hours of neuropsych testing is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. The patient was working when she was attacked by a x. The x grabbed her by her neck, threw her down on the cement and punched her multiple times over her body. She reports hitting her head on the concrete. Clinic note dated 09/24/13 indicates that the patient is not sure if there was head trauma. She denies loss of vision, blurred vision, distorted vision, hearing changes or anxiety/depression. She had headache originally, but not now. She denies changes with memory, concentration or excessive drowsiness. She was diagnosed with cervical contusion, trunk contusion, abdominal strain, lumbar strain, right knee open wound, right thigh contusion, right knee contusion, right knee strain and cervical strain. Initial psychological assessment dated 11/11/13 indicates that the patient reports sleepless nights, waking up crying, screaming and sweating, loss of appetite and motivation, memory loss and nightmares. Diagnosis is posttraumatic stress disorder and major depressive disorder, single episode, severe without psychotic features. The patient was recommended to undergo a course of individual psychotherapy. Individual psychotherapy note dated 12/30/13 indicates that she continues to display symptoms of a major depressive episode. She continues to exhibit symptoms of posttraumatic stress disorder. Diagnoses are unchanged. CT scan of the head dated 01/27/14 is an essentially normal CT scan of the head. Treatment to date includes x-rays, MRI scans, 12 sessions of physical therapy rehabilitation, 2 epidural steroid injections, 10 days of work conditioning and 24 individual psychotherapy sessions. Psychological evaluation dated 09/01/14 indicates diagnoses are posttraumatic stress disorder and major depressive disorder. Initial behavioral medicine consultation dated 06/03/15 indicates that current medications are gabapentin, ibuprofen, Lexapro and Metaxalone. BDI is 31 and BAI is 15. FABQ-W is 42 and FABQ-PA is 24. The patient was administered the Mini Mental Status Exam (MMSE) on which she scored 26 points out of 30 as she was unable to correctly recall the 3 items. On the Neuropsychological Symptom Checklist the patient reported experiencing the following since her injury: wear glasses, has blurred vision, change in sense of taste, loss of hearing, strange sounds in ears,

trouble with balance, dropping things, tremors/shakiness, pain, memory problems and sadness/depression. On the Neurobehavioral Symptom Inventory the patient rated the interference of symptoms as severe: sensitivity to noise, numbness and tingling, change in appetite, difficulty falling or staying asleep, anxiety, depression and frustration. Diagnoses are somatic symptom disorder with predominant pain, major depressive disorder, posttraumatic stress disorder, rule out major neurocognitive disorder due to traumatic brain injury with behavior disturbance. Functional capacity evaluation dated 05/22/15 indicates that required PDL is very heavy and current PDL is sedentary. Follow up note dated 06/17/15 notes impression is cervical strain with disc disease, lumbar strain, right hip strain, right knee strain, left shoulder strain, left wrist/hand sprain/strain, left hip strain, left knee strain and left foot strain. Report of maximum medical improvement/impairment dated 06/23/15 indicates that chief complaint is neck pain radiating into both shoulders, mid back pain, low back pain radiating into both hips, bilateral arm pain and bilateral leg pain. Clinical impression is strain of cervical, thoracic, right hip and bilateral knees and left elbow contusion. The patient has not reached maximum medical improvement as she has been identified as a surgical candidate for cervical fusion. Authorization request dated 07/08/15 indicates that the patient has been recommended for 4 hours of neurobehavioral status examination and 20 hours of neuropsychological assessment.

Initial request for 24 hours of neuropsych testing was non-certified on 07/13/15 noting that the patient's cognitive deficits were not severe so she could go through the individual psychotherapy. Also, the patient is now nearly two years post injury. on 6/17 appointment does not mention any head injury and states that CT of the head is normal. There is no report of the outcome of psychotherapy previously authorized. reportedly agreed via telephonic consultation that the patient's cognitive deficits are mild, but that neuropsychological testing is justified as she has not had much improvement in PTSD symptoms and cognitive complaints. The request is not necessary as the requestor states that the cognitive deficits are mild and the CT of the head does not reveal any anomaly. The patient is improving emotionally and any mild cognitive deficits are likely to resolve as emotional distress improves. Reconsideration letter dated 07/16/15 indicates that despite it being almost 2 years post injury she continues to have head injury symptoms that have not been addressed. The denial was upheld on appeal dated 07/29/15 noting that there is a lack of a clear medical diagnosis of head injury/TBI, there is no mention of it in the treating doctor's records, there are negative findings on CT scan and she has had no previous assessment by a neurologist. The patient's emotional symptoms have been improving with individual psychotherapy and her cognitive complaints could be associated with her diagnosis of PTSD. It is not established in the medical records reviewed that an actual head injury exists.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient is a female whose date of injury is xx/xx/xx. The patient was working when she was attacked by a x. The x grabbed her by her neck, threw her down on the cement and punched her multiple times over her body. There is a lack of evidence that the injured worker had a closed head injury as evidenced by clinic note dated 09/24/13 indicates that the patient is not sure if there was head trauma. She denies loss of vision, blurred vision, distorted vision, hearing changes or anxiety/depression. on 06/17/15 appointment does not mention any head injury and states that CT of the head is normal. reportedly agreed via telephonic consultation that the patient's cognitive deficits are mild, but that neuropsychological testing is justified as she has not had much improvement in PTSD symptoms and cognitive complaints. The patient's slow progress in treatment for posttraumatic stress disorder is not a clinical criterion for the diagnosis of a head injury. As such, it is the opinion of the reviewer that the request for 24 hours of neuropsych testing 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)