

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 09/14/2015

Review Outcome:

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

Psychiatry

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 female whose date of injury is XX/XX/XXXX. The patient was packing a sofa pillow with her left hand when she suddenly had pain in her left wrist. MRI of the left wrist dated 07/29/14 is a normal study. MRI of the left hand dated 07/29/14 is a normal study. Health and behavioral reassessment dated 04/15/15 indicates that diagnoses are somatic symptom disorder with predominant pain, major depressive disorder and unspecified anxiety disorder. PPE dated 04/15/15 indicates that required PDL is medium and current PDL is sedentary to light. Preauthorization request for work hardening program dated 04/28/15 indicates that she participated in 12 sessions of physical rehabilitation. The patient has completed 6 sessions of individual psychotherapy. History and physical dated 07/15/15 indicates that she reports intermittent numbness and tingling in her fourth and fifth fingers. Wrist drop has improved. She was sent to a hand surgeon and was given injections. She is being evaluated for a chronic pain management program. Current medications are listed as amlodipine, citalopram, lisinopril, metformin, naproxen, Norco, Prozac and simvastatin.

Initial request for psychological testing 3 hours was non-certified on 07/22/15 noting that the patient was evaluated for a work hardening program in March 2015 and was diagnosed and tested at that time. The requested testing is within 6 months of previous testing and is therefore not in accordance with the Official Disability Guidelines. Reconsideration request dated 07/28/15 indicates that the patient has never had formal psychological testing, just screeners like the BAI and BDI-II to determine her mood and FABQ to determine fear avoidance. did a history and physical for chronic pain and it would be good to have the results of formalized testing to explore the reasons she has chronic pain syndrome. It is reported that the patient needs psychological test with validity scales as part of the assessment for a chronic pain program. The denial was upheld on appeal dated 08/17/15 noting that the patient was previously diagnosed and tested.

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

The patient sustained a sprain of the wrist and hand on 03/07/14 which should have resolved at this time. Diagnostic testing consisting of MRI scans of the hand and wrist are reported as normal studies. The patient has been recommended for psychological testing for a chronic pain management program. However, the submitted records indicate that the patient has previously completed a work hardening program. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The patient has previously undergone two behavioral health assessments which provided diagnoses of somatic symptom disorder with predominant pain, major depressive disorder and unspecified anxiety disorder. 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)