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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Repeat psychiatric diagnostic interview (one hour) and repeat psychological testing (MMPI-2-RF & BHI-2) (three hours)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
American Board of Psychiatry and Neurology

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured at work on XX/XX/XX. She was injured after a robber came up behind her and put a knife on her throat. He then pushed her head between his legs and held her there while he was taking money from the register.
On XX/XX/XX, the patient underwent a pre-surgical psychological evaluation. The patient was diagnosed with major depressive disorder, single episode, single episode, severe; somatic symptom disorder with predominant pain, persistent, moderate; posttraumatic stress disorder. XX stated the patient did not appear to present with any psychological stressors that would exclude her from undergoing the proposed transforaminal lumbar fusion at L4-L5. The following records were available in the evaluation: The patient stated she was robbed while at work and experienced a traumatic experience as well as work-related injury to her mid back, low back and knee on XX/XX/XX, while performing her customary duties as a shift manager for XX for whom she had worked for XX at the time of the injury. The injury occurred in the morning and the backdoor was unlocked. She was doing prep work when she heard a noise and turned around and a male put a knife to her throat saying, "bitch opens the safe." The robber had the knife in her back, and she said that she usually had difficulty opening the safe anyways, and that with the anxiety of the situation, she lost control of her urine, and it took her 5 times to open the safe. When she opened the safe the robber shoved her in between his legs, he got the money, and slammed her against the wall and told her to lie down as he

left. She said, "I felt very scared, thought I was going to die". She said that the robber went out through the front door of the restaurant, and another employee saw him without his mask, running with the money. The police were called and they found several hundred dollars he dropped. She said it was believed the robber might be an employee, who used to work at XX, but no one had been caught yet which she said made her feel scared and any time she saw a black man she wondered if that was the robber. She had x-ray series on her back, chest and knee. She had magnetic resonance imaging (MRI) for her knee and her back. She had a myelogram for her back. She attended 18+ sessions of physical therapy (PT), received injections on her knee, back, and received +12 individual psychotherapy sessions for posttraumatic stress disorder (PTSD). XX now referred her for a psychological screening for the surgical procedure consisting of transforaminal lumbar fusion at L4-L5.

On XX/XX/XX, XX evaluated the patient in an office consultation. The patient reported that the low back pain was slightly worse. The right knee pain had also worsened. She reported she could not sleep due to the pain and that her medications were not helping her. She stated she felt her low back pain radiated to her left leg. She was also in the hospital due to incontinence. On examination, right knee range of motion (ROM) was decreased, lumbar ROM was decreased; patellar and Achilles reflexes were 2/5 bilaterally. Right knee hip flexors were 4/5, knee extensors were 4/5, foot eversion and inversion were 5/5 and 4/5 respectively and great toe dorsiflexion was 5/5. The diagnoses were other intervertebral disc displacement, lumbar region, other tear of the medial meniscus, current injury, right knee, and posttraumatic stress disorder, unspecified. The patient was referred back for an extension of her psych sessions and for an alternate impairment rating.

On XX/XX/XX, a behavioral health preauthorization request was made with the following rationale: *"The current request is for establishing a mental health impairment rating (IR). Such professional opinion would require the utilization of psychological testes to have a degree of objectivity that would be minimally accepted. A psychological test battery "provides a structured means for skilled clinicians to maximize the validity of individualized assessments. Therefore, in order to avoid "incomplete understanding" both services are being requested."*

On XX/XX/XX, the request for repeat psychiatric diagnostic interview and repeat psychological testing was reviewed. Rationale: *"The request is now for repeat psychiatric diagnostic interview and diagnostic testing. I spoke and discussed case with XX. He stated that the requested services are for purposes of providing a psychological impairment rating. He verified that there are no other clinical indications for these services at this time. Recommend adverse determination. The requested services would not serve any clinical purpose. An impairment rating is an administrative function, not a medical treatment. Medical necessity for a repeat diagnostic interview and testing is not established. Recommend non-certification. This review results in the following determination regarding the treatment being requested: Adverse Determination."* The following records are reviewed: The claimant is status post lumbar surgery on XX/XX/XX. That worsened her condition. The claimant was placed at statutory MMI on XX/XX/XX, by a designated doctor. Psychological evaluation on XX/XX/XX, cleared the claimant for lumbar fusion. A transforaminal L4-L5 fusion was certified XX/XXXX but apparently not performed. Clinical note dated XX/XX/XX, XX reviewed. The claimant reported that her low back and right knee pain were worse. Exam showed decreased right knee and lumbar motion, symmetric reflexes and decreased right leg strength. Other prior relevant treatments were not noted. The request is now for repeat psychiatric diagnostic interview and diagnostic testing.

On xx/xx/xx, a request was made for appeal/reconsideration to participate in repeat Psychiatric Diagnostic Interview (one hour) and in psychological testing (three hours) to include MMPI-2-RF and BHI-2 for establishing a psychiatric/psychological impairment rating.

On xx/xx/xx, the appeal for repeat psychiatric diagnostic interview and repeat psychological testing was denied with the following rationale: *"The patient has already received previous psychological testing and there is a lack of clinical indications for retesting. It does not appear additional testing would serve significant clinical purpose. Therefore, the request should be denied. Recommend non-certification."*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The record indicates that on xx/xx/xx, the patient underwent the following psychological evaluations: Diagnostic interview and mental status examination; Beck Depression Inventory-II, Beck Anxiety Inventory, Fear Avoidance Beliefs Questionnaire, PCL-C, Minnesota Multiphasic Personality Inventory-2-RF, Millon Behavioral Medicine Diagnostic, and Battery for Health Improvement-2. The assessment was listed as requiring 4 hours for administration and scoring and 3 hours to generate the report. The results of the tests were deemed to be reliable. Based upon them, the patient was formally diagnosed with the following: Major Depressive Disorder, single episode, severe; Somatic Symptom Disorder, with predominant pain, persistent, moderate and PTSD. These conditions are newly acquired since the patient's traumatic workplace experience. It is unclear why she would need to undergo repetition of the MMPI and BHI in order to establish an impairment rating. Both of these detailed evaluations determine personality characteristics and patterns and indicate how the patient deals with stress and pain. These basic personality characteristics should generally be fairly stable, and are certainly unlikely to have changed in the 6 months since the testing was completed. The previous testing certainly is sufficient to determine the patient's need for treatment as well as the type of treatment that would be most successful as outlined in ODG. Therefore, the request for repeat testing is not felt to be medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES