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DATE NOTICE SENT TO ALL PARTIES: Apr/11/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Neuropsychological Evaluation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Neurology

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 this reviewer's opinion that medical necessity for a Neuropsychological Evaluation is not established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who was injured on XX/XX/XX when she struck her head getting into a rental XX. The patient described persistent headaches vertigo and dizziness symptoms following the injury. Prior MRI studies of the brain were reported as normal. EEG studies completed in XX/XXXX were also unremarkable. The patient underwent vestibular testing on XX/XX/XX which noted right vestibule vestibular plan vestibulopathy with an abnormal vestibular ocular reflex to the right. The study noted the patient was very nauseous and vomited multiple times during the testing. The patient had been followed by through XX/XXXX. The XX/XX/XX clinical record noted that the patient continued to have severe headache complaints. No as physical examination at this evaluation was provided. The previous evaluation on XX/XX/XX also noted cognitive problems with comprehension, memory, and concentration. The patient described being unable to concentrate on reading; such as following a recipe. XX referred back to the neuro neurological assessment completed in XX which recommended a vestibular evaluation to include caloric vestibular testing. The requested neuropsychological evaluation was denied by utilization review as there was no recent cognitive screening since the neuropsychological testing completed in XXXX.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for several different complaints to include persistent headache, nausea, dizziness, and cognitive impairment. The patient had recent evidence from vestibular testing of vestibular dysfunction. There is no clinical documentation regarding any recent treatment for the vestibular pathology noted on recent testing. The clinical records did not address the prior reviewer's concerns regarding a cognitive assessment. There was no mini mental status examination or other physical examination findings noting objective evidence of a cognitive issue at this time that would require neuropsychological testing. Without further information regarding response to vestibular treatment as well as an updated cognitive assessment, it is this reviewer's opinion that medical necessity for a Neuropsychological Evaluation is not established and the prior denials remain 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)