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DATE NOTICE SENT TO ALL PARTIES: Apr/29/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: diagnostic interview and psychometric testing for the purpose of pre-surgical psychological screening

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO Board Certified Orthopedic Surgery

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 diagnostic interview and psychometric testing for the purpose of pre-surgical psychological screening has not been established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who has been followed for complaints of ongoing neck pain due to a slip and fall injury that occurred on XX/XX/XX. The patient was being followed by XX and had been recommended for surgical intervention to include an anterior cervical discectomy and fusion at C4-5. The patient was noted to have had a prior fusion from C5 to C7 and imaging showed a retrolisthesis of C4 on C5. The XX/XX/XX clinical record noted lack of improvement with conservative management. The evaluation did not refer to any psychological issues. The psychological testing with diagnostic interview was denied by utilization review as the patient did not have any obvious findings for psychological issues that would have warranted the testing.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical records submitted for review noted current surgical plans to include anterior cervical discectomy and fusion at C4-5. The patient is noted to have had a prior fusion at C5 to C7. In this case, the patient has undergone previous fusion procedures and would be expected to have a good understanding of post-operative outcomes. The most recent findings from XX did not identify any obvious psychological concerns to the extent that psychometric testing or diagnostic interview at this time would be medically necessary. Therefore, it is this reviewer's opinion that medical necessity for diagnostic interview and psychometric testing for the purpose of pre-surgical psychological screening has not been 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)