

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	03/17/2006
Injured Employee:	_____
Address:	_____
MDR #:	M2-06-0753-01
DWC #:	_____
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for psychological testing for three hours to include MMPI-2, MBMD and BHI.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 03/17/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Three hours of psychological testing are not medically necessary.

CLINICAL HISTORY:

The injured individual is a forty-five year-old man who sustained a work-related injury on _____. He was hit from behind with a forklift and suffered injury to his lumbar spine, right hip and left ankle. He also was diagnosed with a C5-C6 spondylosis. He was prescribed Ultracet, Mobic and Tizanidine for pain control.

He was treated with physical therapy, a work conditioning program, medications, biofeedback, six sessions of psychotherapy, and a second work hardening program. The injured individual attended twenty sessions of a pain management program and was discharged in 04/2005. After the work hardening program it was recommend that the injured individual return to work, but he chose not too.

The injured individual had a two hour diagnostic interview on 11/04/2005. He also had a one hour record review, two hour behavioral observation and two hours for report generation. In the interview the injured individual rated his pain at a level of "6-8/10". He stated he had been treated with Amitriptyline but discontinued it because of the way the medication made him feel.

His mood was dysphoric and anxious and his affect constricted. He rated his sadness and depression as “1/10” and his nervousness and worry as “2/10”. He was administered both the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). He scored in the minimal range of symptoms of depression and mild range of symptoms of anxiety. He was diagnosed with major depressive disorder, recurrent, moderate and rule out pain disorder associated with both psychological factors and a general medical condition. Three hours of psychological testing.

In a letter written by Tracey Duran, M.S. L.P.C., on 12/08/2005, appealing the denial of services, Ms. Duran noted a discrepancy between the injured individual’s scores on both the BDI and the BAI and his self-report. Ms. Duran stated that testing would clarify the injured individual’s diagnosis, which would allow for proper treatment planning. She also noted that the intake was not an extensive psychological evaluation. Psychological testing was also requested in order to clarify if the injured individual had a diagnosis of a pain disorder.

The injured individual had been seen for a designated doctor evaluation on 11/19/2003 by Tracy Adams, M.D. Dr. Adams stated that the injured individual had a chronic pain syndrome with medical/psychological features.

REFERENCE:

United Behavioral Health, Psychological Testing Guidelines, 2004.

RATIONALE:

The injured individual is a forty-five year-old man who sustained a work-related injury to his lumbar spine, right hip and left ankle in _____. He has been treated with physical therapy, two work hardening program, biofeedback, psychotherapy, medications and a pain management program. He continued to have moderate to severe pain. He has minimal symptoms of depression and mild symptoms of anxiety based on responses to the Beck Depression and Beck Anxiety inventories. He self-rated his depression at a level of “1/10”. This rating was consistent with his score on the Beck Depression Inventory (minimal range). He rated his anxiety at a level of “2/10”, which was also consistent with responses to the Beck Anxiety Inventory (mild anxiety). The appeal letter dated 12/08/2004 stated that there was discrepancy between the injured individual’s self report and test scores. This was not the case.

The injured individual has already had two hours of a clinical interview and two hours of behavioral observation. Four hours of contact with an injured individual should be sufficient to determine a diagnosis and treatment plan. It was also reported that the request for testing was to determine if the injured individual had a diagnosis of pain disorder associated with both psychological factors and a general medical condition (307.89).

According to the DSM-IV, this diagnosis is used when psychological factors and a general medical condition are judged to have an important role in the onset, severity, exacerbation or maintenance of the pain. Research has shown that over 90% of individuals with chronic pain

meet the criteria for this diagnosis. There is no evidence that psychological testing is needed to make this diagnosis. A two hour clinical interview and the two hours of clinical observation already completed are sufficient to make this diagnosis. Thus, three hours of psychological testing is not medically necessary.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 02/14/06
- MR-117 dated 02/14/06
- DWC-60
- DWC-69: Report of Medical Evaluation dated 05/25/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 03/01/06
- Texas Mutual: Letter dated 02/26/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 02/14/06
- Texas Mutual: Letter dated 02/26/06 from LaTreace Giles, R.N.
- Online Label Record dated 02/20/06
- U.S. Postal Service: Delivery Confirmation Receipt signed 01/23/06
- Bradley J. Eames, D.O.: Follow Up Consultation dated 01/17/06
- Texas Mutual: Letter dated 12/22/05 from Lois Garcia, R.N.
- Texas Health: Preauthorization Requests dated 12/08/05, 11/23/05
- Texas Mutual: Letter dated 12/01/05 from Cathleen Everett, L.V.N.
- Texas Health: Patient Face Sheet dated 11/23/05
- Texas Health: Referral form (handwritten) dated 11/23/05
- Bradley J. Eames, D.O.: History and Physical dated 11/17/05
- Texas Health: Requester's Position Regarding Pre-Authorization dated 11/04/05 from Tracey Duran, M.S., L.P.C.
- Texas Health: Reconsideration: Initial Behavioral Medicine Consultation dated 11/04/05 from Nicole Mangum, Ph.D. and Jeanne Selby, Ph.D.
- Tracey Rae Adams, M.D.: Designated Doctor's Re-Evaluation dated 05/25/05
- Tracey Rae Adams, M.D.: AMA Guides Evaluation dated 05/25/05
- Premiere Rehab/Works: Pain Management Weekly Progress Report dated 04/01/05
- Tracey Rae Adams, M.D.: Letter dated 11/19/03
- Dr. Robert W. Wright: Letter dated 10/06/03
- Advantage Healthcare Systems: Psychological Evaluation dated 08/27/03 from Berit Johnson, Ph.D.
- Spine Impairment Summary (handwritten) dated ??/25/05
- Undated handwritten forms for Ankle ROM, Hip ROM and doctor's notes

The reviewing provider is a Licensed/Boarded Clinical Psychologist and certifies that no known conflict of interest exists between the reviewing Clinical Psychologist and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the

case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

17th day of March 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____