

True Decisions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #615

Mansfield, TX 76063

Phone: (512) 298-4786

Fax: (888) 507-6912

Email: manager@truedecisionsiro.com

Date: 10/1/2018 2:29:49 PM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cognitive testing X XX hours

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

REVIEW OUTCOME:

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

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury XXXX. The current diagnosis/diagnoses was / were documented as XX of XX shoulder, right shoulder pain, XX shoulder pain, non-smoker, and complex regional pain syndrome. On a neurobehavioral status exam XXXX, the patient scored a XXXX on the XX checklist, which was above the usual cutoff of 50. A self-report measured the emotional function the patient which endorsed mild symptoms of depression and moderate symptoms of anxiety. Consideration was given to overlapping psychological symptoms. On a Neurobehavioral symptom inventory the patient had a raw score of XXXX. The patient reported symptoms of severe or very severe range to the following items: headaches, numbness or tingling on parts of my body, poor concentration, can't pay attention, easily distracted, forgetfulness, cannot remember things, difficulty making decisions, slow thinking, difficulty getting organized, cannot finish things, fatigue, loss of energy, getting tired easily, difficulty falling or staying asleep, feeling anxious or tense, feeling depressed or sad, irritability, easily annoyed, poor frustration tolerance, easily feeling easily overwhelmed by things, from a self-report inventory the patient indicated the following items were difficult to do starting conversations and improved, staying involved in activities, understanding new instructions, pain attention and concentration, thinking about things before doing them and working at a fast pace. The treatment plan included Cognitive testing x XX hours.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Regarding the requested Cognitive testing for XX hours, is recommended in Official Disability Guidelines. The patient struck her head and shoulder. Since then the patient was dealing with XX, headache, memory problems, poor concentration, and sleep problems. The patient was having symptoms greater than XX days after the trauma. Neuropsychology testing is the cornerstone for understanding of plan treatment of pulse concussive syndrome.

As such, Cognitive testing x XX hour's guideline criteria are met, and the request is medically necessary and overturned.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Head Chapter/ Neuropsychological testing