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IRO REVIEWER REPORT

DATE OF REVIEW: 04/24/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: CPT Code 96100, 96101 psychological testing times three (3), and biofeedback.

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

TSEEP Credentialed Health Care Provider Since 1997
Faculty Member for designated doctor training courses (1996-2003)
Clinical Psychologist

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 02/02/07 – Lower extremity nerve conduction study, M.D.
2. 02/07/07 – Lumbar spine MRI without contrast, D.C.
3. 03/08/07 – Initial behavioral medicine consultation, MA, LPC.
4. 03/22/07 – Review determination from Direct, LLC.
5. 03/27/07 – Reconsideration for behavioral health testing preauthorization request from 03/29/07 –Direct, LLC.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee was reportedly injured on the job while lifting stones weighing approximately 120 pounds along with a co-worker. The employee reported he felt the immediate onset of intense low back pain.

The employee was initially treated at Medical Centers where he reportedly received a variety of physical medicine treatments, chiropractic adjustments, and diagnostic testing. The employee

continued to work light duty until 02/08/07. The reason for being taken off work was unclear from the records.

Lower extremity EMG/NCV testing on 02/06/07 revealed results consistent with compressive nerve root irritation on the right L5 level, consistent with radiculopathy.

A lumbar MRI without contrast on 02/07/07 revealed a broad-based left paracentral 4 mm disc protrusion at L5-S1, contacting and displacing the transversing left S1 nerve root posterior and mildly compressing the left anterolateral aspect of the thecal sac. At L4-L5, there was a broad-based posterocentral disc protrusion of 5 mm migrating inferior and effacing the ventral surface of the thecal sac.

A behavioral medicine consultation was performed on 03/08/07 at the request of the treating doctor, D.C. The report indicated a series of injections had been ordered to commence later that month. The employee was referred for the behavioral medicine consultation due to “anxiety and affective distress noted during office visits”

The evaluation indicated the employee’s pain level fluctuated from 4/10 to average daily level of 6/10 with intermittent elevations to 9/10. He denied any prior medical or psychological history. He completed the second year of high school in Mexico. He described significant functional limitations as a result of pain. This had interfered with work and family life. The employee rated his current overall level of functioning at 40% of preinjury levels. The mental status examination indicated that his mood was noted to be anxious, with constricted affect, as well as feelings of hopelessness, nervousness, and worry. There was no evidence of psychotic symptoms. Attention and concentration appeared intact and within normal limits. The employee noted self-reported levels of irritability, restlessness, vocational and financial distress, muscle tension, sleep worries, and forgetfulness. Of particular importance for the current IRO opinion is a statement that, “The patient does not appear to have sufficient education and literacy to understand and complete a battery of formalized psychological testing and assessment.” The diagnostic impression was of adjustment disorder with mixed anxiety and depressed mood. A battery of formal psychological tests was recommended consisting of the MMPI-II, MBMD, and BHI-II, as well as biofeedback PPA baseline assessment.

This request was denied on review on the basis that this was a relatively new injury with mild minimal symptoms with no need to rule out exaggeration of symptom magnification given his minimal symptom reports. The lack of psychological symptoms also provided no support for the biofeedback PPA.

The request or appeal the denial citing descriptions of the psychological test. They emphasized the use for identifying emotional, personality, social factors, as well as for evaluating individuals for intensive treatment programs. The request for the biofeedback PPA was appealed based on the need to assess psychophysiological hyperarousal. They also make a point that the testing is needed to determine whether the symptoms and complaints are related to the injury. The appeal was also denied based on the fact that this is not a “delayed recovery” case, and that biofeedback has not been shown to be effective in these types of clinical situations.

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

There are actually two parts to this IRO opinion.

Part one is the appeal of three hours of psychological testing for the MMPI-II, MBMD, and BHI-II. This request does not appear reasonable and necessary. This is based primarily on their statement that the employee does not have adequate education and literacy to understand and complete the battery of testing they have requested. Additionally, the interview alone appears to have adequately addressed the reasons for referral, which is assessment of anxiety and emotional distress noted in visits with the treating doctor. A mild level of psychological distress was noted. There was no evidence of unresolved diagnostic issues, inconsistencies between subjective and objective findings, or pending intensive procedures or surgeries that would require the formal psychological testing they request. Self-reports and behavioral observations from the evaluation are consistent with the history and records, the reasons for referral have already been clarified. The employee is also less than three months post injury at the time of the evaluation and was generally considered to be at the “acute phase” of injury.

Regarding the second part of the appeal, the biofeedback PPA assessment also is not reasonable or necessary. Evidence-based guidelines including *Official Disability Guidelines* and *ACOEM Guidelines* do not support the use of instrumented biofeedback for musculoskeletal pain, since it has not been shown to be superior to more basic behavioral relaxation techniques. Inasmuch as biofeedback is not indicated or reasonable for the employee’s conditions, there is no basis for obtaining a biofeedback baseline study, which is the purpose of a PPA.

If the IMED’s decision is contrary to: (1) the DWC’s policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. *Official Disability Guidelines*
- B. *ACOEM Guidelines*