Advanced Medical Reviews

ACCREDITED
EXTERNAL REVIEW

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 5/3/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Biofeedback therapy once weekly for 6 weeks.

QULIFICATIONS OF THE REVIEWER:

This reviewer attended McGill University in Montreal, Canada and graduated from the Montreal Neurological Institute and the Department of Neurology and Neurosurgery. He did a residency in Psychiatry at Harvard Medical School in Boston, Massachusetts. He is Board certified in Psychiatry as well as Forensic Psychiatry, Geriatric Psychiatry, and Addiction Psychiatry. He is also certified by the American Board of Quality Assurance and Utilization Review Physicians. He has been in private practice since 1990.

REVIEW OUTCOME:

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

X Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

1. Biofeedback therapy once weekly for 6 weeks. Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Cover sheet dated 04/19/2007
2. Transmission cover sheet dated 04/18/2007
3. Submission of request for IRO dated 04/18/2007
4. Request for review dated 04/18/2007
5. Company request for IRO dated 04/17/2007
6. Printing the information dated 04/17/2007
7. Notice of utilization review dated 03/28/2007
8. Notice of utilization review dated 04/16/2007
9. Notice of disputed issue dated 11/06/2006
10. Reviews of case assignment dated 04/19/2007
11. Clinical note dated 4/20/2007
12. Notice to utilization review dated 4/19/2007
13. Clinical note dated 4/20/2007
14. Request form dated 4/17/2007
15. Notice of utilization dated 3/28/2007
16. Clinical note dated 3/28/2007
17. Cover sheet dated 3/22/2007
18. Request for biofeedback therapy by MA, dated 3/22/2007
19. Medicine consultation by MA, dated 8/9/2006
20. Preauthorization request dated 3/22/2007
21. Face sheet dated 2/15/2006
22. Clinical note dated 1/4/2007
23. Notice of utilization dated 4/16/2007
24. Clinical note dated 4/16/2007

25. Cover sheet dated 4/9/2007
26. Biofeedback therapy dated 4/9/2007
27. Health treatment by MA, dated 4/9/2007
28. Medicine consultation by MA, dated 1/26/2007
29. Clinical note dated 04/20/2007
30. Clinical note dated 04/20/2007
31. Notice of assignment dated 04/19/2007
32. Patient face sheet dated 12/15/2006
33. Clinical note dated 01/04/2007
34. Transaction report dated 04/17/2007
35. Clinical note dated 04/17/2007
36. Clinical note dated 04/17/2007
37. Printing the information dated 04/17/2007
38. Transaction report dated 03/22/2007
39. Clinical note dated 03/22/2007
40. Pre-authorization peer reviews dated 03/22/2007
41. Request for biofeedback by MA, dated 03/22/2007
42. Notice of utilization review dated 03/28/2007
43. Transaction report dated 04/09/2007
44. Clinical note dated 04/09/2007
45. Pre-authorization peer reviews dated 04/09/2007
46. Request for behavioral by MA, dated 04/09/2007
47. Notice of utilization review dated 04/16/2007
48. Initial behavioral medicine consultation by MA, dated 01/26/2007
49. Clinical note dated 12/19/2006
50. Electrodiagnostic results dated 12/19/2006
51. Clinical note dated 10/19/2006
52. New patient note by MD, dated 12/20/2006

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured worker is a male who was referred for a behavioral medicine consultation by his treating physician who noted that the he was experiencing relative reactive depression and anxiety secondary to a work injury. The worker was initially injured when he was working as a . He was picking up a 50 pound block of cement when he felt an intense pain in his low back. A MRI from 10/19/2006 revealed disc bulges at L2-3, L3-4, and L4-5. The injured worker subsequently underwent treatment with physical therapy and was scheduled for a lumbar injection. During the behavioral medicine consultation the provider noted that the work accident was causing functional limitations that disrupted the patient's lifestyle, leading to poor coping and maladjustment and disturbances in sleep and mood.

At this time, the request for biofeedback therapy once weekly for 6 weeks is under review.

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

While employed as a , the claimant sustained an injury. The medical records and determinations in the records suggest that his current complaints are unrelated to this injury. He has pain and has been diagnosed with an Adjustment Reaction to his medical condition. He has had conservative management. He continues to complain of pain. His provider is requesting Biofeedback.

The causality between condition and injury is disputed. Biofeedback is not supported by evidence based literature for low back pain. The Philadelphia Panel Evidence-Based Clinical Practice Guidelines for Low Back Pain published in 2001 was unable to make a recommendation for biofeedback for low back pain due to insufficient clinical information on the effectiveness. Only one systematic review with a search date of 1995 has been performed. Electromyographic biofeedback demonstrated no significant difference in pain relief or functional status from placebo. At this time, the biofeedback therapy is not medically necessary and the denial is upheld.

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

ACOEM- AMERICAN 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
X 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
X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Philadelphia Panel evidence-based clinical practice guidelines on selected rehabilitation interventions for low back pain. Physical Therapy 2001;81(10):1641-74

Van Tulder M, Koes B. Low back pain and sciatica (chronic). In: Godlee F, editor. Clinical Evidence Concise. 11 ed. London, UK: BMJ Publishing Group; 2004:289-91.