

## IRO REVIEWER REPORT TEMPLATE – WCN

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**DATE OF REVIEW:** 2/20/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Biofeedback training 1x Wk x 6 Wks (EMG, PNG, TEMP)

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

Board Certified Psychiatrist.

**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 or not medical necessity exists for each of the health care services in dispute.

<i>Primary Diag Code</i>	<i>Service Being Denied</i>	<i>Billing Mod</i>	<i>Type Review</i>	<i>Units</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold/ Overtur ned</i>
722.10		N/A	prospective	N/A		N/A			Uphold

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for Independent Review by an Independent Review Organization forms – 2/1/07
2. Determination Notices – 12/4/06, 1/4/07
3. Carrier's Statement – 2/6/07
4. Center Records – 10/4/05
5. Psychological Assessment – 11/27/06
  
6. Injury 1 Records and Correspondence – 12/13/06, 1/25/07
7. Records and Correspondence – 1/3/07, 1/18/07

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8. Records and Correspondence – 1/3/07

9. Records and Correspondence – 1/25/07

**PATIENT CLINICAL HISTORY :**

This case concerns an adult male who sustained a work related injury on. Records indicate that he fell 10-12 feet off a ladder onto boxes of tee-shirts. Diagnoses have included lumbar disc displacement, major depressive disorder, rotator cuff syndrome, and neuritis/radiculitis. Evaluation and treatment for this injury has included chiropractic services, massage, TENS unit, medications, hypnotherapy, cognitive therapy and electrical stimulation.

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

The data reviewed indicated that the patient was responding to psychotherapeutic interventions including cognitive behavioral therapy (CBT). Review of the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, does not show an evidence-based indication for biofeedback for this patient's condition. The requested intervention is not recommended according to Official Disability Guidelines. Given that biofeedback has limited evidence to support its use in this situation and given that relaxation exercises are helping with pain and stress, there is no rationale for medical necessity of biofeedback training services at this time.

**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**
- 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)**

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**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Occupational Medicine Practice Guidelines, ACOEM, 2<sup>nd</sup> Edition. 2004.