

**DATE OF REVIEW: 2-26-07**

**IRO CASE #:**

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

90806: Individual psychotherapy 1 x 6 weeks

90901: Biofeedback Psychophysiological Profile Assessment (EMG, PNG, TEMP, 7 & SCGSR)

Requested Date: 01-05-07, estimated DOS 01-10-07 to 03-02-07

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

Licensed Professional Counselor (LPC), licensed in Texas

10 years experience in three psychiatric hospitals and one Alcohol and Drug Treatment Center

15 years experience in private practice with clients diagnosed with anxiety and depression

6 years experience in emergency mobile assessment of suicidal individuals

Specialty training: Ericksonian Therapy, Critical Incidence Stress Management, EMDR Level 2, Guided Imagery, Stress Management, Mind/Body Medicine

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Notification of Case Assignment, (02-24-07) Initial Medical Narrative Report, (01-18-05), Treating Physician's Daily Progress and Procedural Notes (01-18-05 through 04-22-05), Physician's report: history, physical and followup (11-01-06 through 01-10-07), Records from: Initial Behavioral Medicine Consultation (11-09-06) and Appeal (01-05-07). Insurance company's initial review (12-18-06) and appeal (01-11-07)

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee was injured on the job on when he lifted some tires. He immediately reported his injury and sought medical help at an emergency room. He was treated at the. In more recent visits to a physician (11-01-06 through 01-10-07), it was noted that the injured employee was experiencing severe intractable low back pain and left leg pain after starting back to work. During this time, he was diagnosed with major depressive disorder, PTSD and sleep disturbance. His medications include Lyrica, Elavil and Vicodin. He was put on a “no work” status and was referred for a behavioral health consultation.

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

The injured employee has gone from an unremarkable medical history (including no mental or emotional disturbances) to living a life with intractable back and leg pain since his work related injury of over 3 years ago, to present day overall functioning at 30%. It has affected him psychologically and emotionally. He reports irritability and restlessness, frustration and anger, nervousness and worry, sadness and depression. His physical symptoms are weight loss, fatigue, loss of energy and diminished ability to think or concentrate. It has affected his family life and created financial problems. The Behavioral Medicine Consult (11-09-06) stated that he feels abandoned by his co-workers and is feeling useless, helpless and like a burden.

His treating physician has taken him “off work” status and referred him for a behavioral health consult. It is a fact that when an individual’s work capacity is limited or results in change, it can cause low self-esteem.

In the Reviewer’s years of working with patients, they have seen many individuals experiencing physical pain and the emotional pain of life altering changes, which became suicidal and were admitted to psychiatric hospitals. The consult (11-09-06) reports the injured employee was experiencing suicidal ideation.

Back and neck pain is one of the leading causes of loss of work time, second only to the common cold...it is unrelenting and not self-limiting. It can persist for years after initial injury. The pain has affected the whole person...mind, body and spirit for over three years.

In 1986, Turk and Rudy found that pain often has physiological and psychological factors that influence it. This psychological component affects pain frequency, intensity and duration (Tollison, 1993). Tollison and Satterthwaite reported that psychological factors of depression, anxiety and somatization have been found to actively influence the maintenance and intensity of pain. Therefore, physical interventions can be sabotaged and the treatment can fail (Romano et al., 1989). (DC Turk & TE Rudy: Journal of Consulting and Clinical Psychology: 1986, CD

Tollison; Southern Medical Journal: 1993,, CD Tollison & JR Satterthwaite: Journal of Musculoskeletal Medicine: 1991, JM Romano et al: Handbook of Chronic Pain Management; 1989).

Clinical research (Caudill, M., Schnable, R., Zuttermeister, P., Benson, H., Friedman (1991). Pain.45, 334-335) speaks of the highly subjective nature of pain which is influenced by biological, psychological and sociological factors. It is well known that the most effective chronic pain management consists of a multidisciplinary diagnostic and treatment approach. (Follickl, M.J., Ahern, D.K., Attanasio, V. and Riley, J.F., Chronic pain programs: current aims, strategies, and needs, Ann. Behav. Med., 7(1985) 17-20).

Caudill addresses the 4 components of the pain experience: somatic, affective, behavioral and cognitive. Her study demonstrated an effective systematic program explicitly dealing with the biopsychosocial needs of the chronic pain patient.

Research has proved that psychological treatment has helped individuals suffering with chronic pain and depression. The Jan. 28, 1993 issue of the New England Journal of Medicine reported a study of 1500 respondents who used unconventional therapy. Among the types of therapies used were relaxation techniques, imagery and biofeedback. Among the ten most frequently reported medical conditions were back problems, anxiety, depression and insomnia.

The Reconsideration report (01-05-07) gives nine references of the efficacy of biofeedback. Many Pain Management Centers have incorporated biofeedback in their treatment plan with success.

The initial behavioral consult has outlined a plan with treatment goals focusing on the reduction of depression and alleviating distress, and teaching coping skills and stress management skills. Psychotherapy is an effective treatment as it can additionally empower the individual to actively participate in his rehabilitation.

This reviewer concludes that the outlined treatment goals are in compliance with the Texas Labor Code (408.021) which states that an employee who sustains an injury is entitled to **all** health care reasonably required by the nature of the injury as needed. It is important to note that the American Academy of Pain Management advocates for pain management to be multidisciplinary in approach.

After reviewing all the documentation, it is this reviewer's determination that individual psychotherapy sessions and biofeedback are medical necessary.

**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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
  - NEW ENGLAND JOURNAL OF MEDICINE
  - JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY
  - ANN. BEHAV. MED.
  - HANDBOOK OF CHRONIC PAIN MANAGEMENT
  - PAIN