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**DATE OF REVIEW:** JUNE 18, 2007

**IRO CASE #:**

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

Biofeedback training 1 time per week for 6 weeks

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

Board certified in Preventive Medicine, Certified in Occupational Medicine and DWC ADL approved.

**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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Biofeedback training	90901	Upon approval	Adverse determination upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Record Description	Record Date
Office visit – Dr. DO	01/10/07
Behavioral Consultation –LPC	01/22/07
Office Visit – Dr. DO	01/24/07
Office Visit – Dr. DO	02/21/07
Psychological Evaluation – Dr.	03/02/07
Office Visit – Dr. DO	03/28/07
Psychological Evaluation LPC	04/04/07
Office Visit – Dr. DO	04/18/07
Preauthorization request for Biofeedback – Dr. DO	04/23/07
Preauthorization - Adverse Determination –	04/25/07
Preauthorization appeal for Biofeedback – Dr. DO	05/08/07
Preauthorization appeal – Adverse Determination – Cambridge	05/15/07
Letter to Insurance Carrier regarding request for Biofeedback	05/29/07

**PATIENT CLINICAL HISTORY (SUMMARY):**

The diagnosis is 847.2 lumbar strain. There is a psycho-physiological assessment from 4/4/07. There are psychological testing results from 3/2/07. Mechanism of injury is lifting heavy boxes and had an onset of LBP. Lumbar MRI appears to have shown that there spinal stenosis and a disk bulge at L45 and a bulge at L5-S1. It appears that the patient has complaints of sciatica although EDX studies do not appear to have been performed. Patient appears to be taking narcotic analgesics for pain control. The patient is given diagnoses of pain disorder and major depressive disorder. 8 individual psychotherapy visits are recommended. There is an initial behavioral evaluation from 1/22/07. Evaluation from Dr. 1/10/07, the patient has lumbar ttp and decreased ROM and positive SLR and decreased LLE reflexes. Per report of 3/28/07 the patient has a positive EMG for L5-S1 acute radiculopathy. Last note from 4/18/07 affirms findings of radiculopathy on physical examination.

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

Adverse Determination for biofeedback. The patient has objective findings of radiculopathy on MRI and EMG with affirmation on physical examination. The patient continues with severe pain and physical limitations. The patient is taking narcotic analgesics. The patient appears to be a surgical candidate at this juncture. Performing biofeedback and similar appears to be futile and not medically appropriate given this patient's presentation of symptomatic disk herniation. Lastly, biofeedback is not recommended by ODG due to a lack of proven medical efficacy.

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

ODG. Not recommended. EMG biofeedback has been used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. Evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The available evidence does not clearly show whether biofeedback's effects exceeded nonspecific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. The application of biofeedback to patients with CRPS is not well researched. However, based on CRPS symptomology, temperature or skin conductance feedback modalities may be of particular interest. (State, 2002) (BlueCross BlueShield, 2004)

