Specialty Independent Review Organization

DATE OF REVIEW: 05/15/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The service under review is CPT code 90901/biofeedback psychological assessment.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a licensed psychologist with greater than 5 years of experience in the field under review.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the carrier, requestor and from the URA. The records consisted of PT notes from Injury One (exercise flow sheets, PT progress notes and PTA notes), Individual psychotherapy notes from, , , notes from, MD, notes from surgical hospital, treatment and operative reports, MD, notes from, DO, treatment summaries and reassessments, request for reconsideration for behavioral treatment, notice of UR findings and various patient intake forms.

PATIENT CLINICAL HISTORY [SUMMARY]:
This injured worker sustained a work related injury as a result of lifting a saw-cutter. He had been employed for 5 months at the time of injury. He has been

diagnosed with left L5 radiculopathy and L4/5 and L5/S1 disc bulges. There was a rotator cuff repair to the right shoulder on 2/8/07. He has been treated with MRI's, x-rays, surgery, pain medications, PT and individual psychotherapy. He is diagnosed with Major Depression Disorder, Severe, and has completed 18 individual psychotherapy sessions.

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

All of the individual psychotherapy sessions included a component of relaxation training and it has been consistently noted in the IPT notes that the relaxation training has been helpful in assisting the patient with mood and pain via diaphragmatic breathing and self hypnosis. However, there is mention in the medical records of potential symptom magnification/exaggeration (Preauth request #79537000). Since claimant has demonstrated consistent benefit from utilizing relaxation techniques and a review of the relevant research does not appear to be significantly more effective than a placebo or add to the effectiveness of relaxation training alone. The medical necessity of biofeedback cannot be established in this case. The 18 sessions of IPT are approaching the maximum number of sessions as per the ODG's.

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 (PROVIDE A DESCRIPTION)**