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NOTICE OF INDEPENDENT REVIEW DECISION

IRO REVIEWER REPORT

DATE OF REVIEW: 05/30/07

IRO CASE NO.:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Four (4) sessions, individual counseling.

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

Texas License and currently on TDI DWC ADL.
Board Certified Neurosurgeon

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Workers' compensation initial evaluation report.
2. Peer review, Dr dated 07/10/03.
3. Medical records, Dr.
4. MRI of the lumbar spine dated 10/01/03.
5. Operative report dated 11/03/03.
6. Medical records, Dr..
7. Medical records Institute.
8. Medical records, Dr..
9. Psychiatric evaluation dated 10/04/04.
10. CT of the spine without contrast dated 10/21/04.
11. Designated Doctor Evaluation dated 11/09/04.
12. Peer review report dated 12/10/04.
13. Operative report dated 02/21/05.

14. Designated Doctor Evaluation dated 04/21/05.
15. Physical therapy records.
16. Peer review dated 04/23/06.
17. Treatment records, Health Care Systems.
18. Psychiatric evaluation dated 01/24/07.
19. Utilization review correspondence.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee is a male who was reported to have injured his low back. On this date, the employee was walking into the refrigerator to put away breakfast items and slipped on the wet, greasy floor and fell onto his right side. As a result, the employee sustained an injury to his low back as well as a laceration which required treatment at a local emergency room.

The employee has subsequently undergone extensive conservative care which has included diagnostic testing, surgeries, passive therapies, and oral medications. The employee is known to be receiving Social Security Disability benefits.

An evaluation performed on 01/24/07 indicated that the employee put forth minimal effort within his pain tolerance throughout the evaluation. He demonstrated poor workers traits. The claimant was found to have an unclassified level of work. It further noted that the employee showed poor correlation between his pain rating and observable behavior during testing. Overall body mechanics and material handling were poor and the employee was generally uncooperative and had a history of noncompliance. The employee was reported to have a chronic pain disorder as well as a major depressive disorder. A request has been placed for six sessions of individual counseling and six sessions of biofeedback.

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

The request for six sessions of individual counseling and six sessions of biofeedback are not considered medically necessary. Current evidence based guidelines do not support the use of biofeedback. The ***Official Disability Guidelines*** note that there is conflicting evidence on the effectiveness of biofeedback for treating patients with chronic low back problems. In regard to individual counseling sessions, the employee has participated in multiple post injury programs including chronic pain management which includes comprehensive counseling, and therefore, additional counseling would not be considered medically necessary.

References:

The Official Disability Guidelines, 11th Edition, The Work Loss Data Institute. Accessed: 05/30/07.

Biofeedback: Not recommended. There is conflicting evidence on the effectiveness of biofeedback for treating patients with chronic low back problems. See the Pain chapter for more information (van Tulder, 1997) (Bigos, 1999)

Behavioral treatment: Behavioral treatment may be an effective treatment for patients with chronic low back pain, but it is still unknown what type of patients benefit most from what type

of behavioral treatment. Some studies provide evidence that intensive multidisciplinary biopsychosocial rehabilitation with a functional restoration approach improves pain and function. (van Tulder-Cochran, 2001) (Ostelo-Cochrane, 2005) (Airaksinen, 2006) Linton, 2006) (Kaapa, 2006) (Jellema, 2006) Recent clinical trials concluded that patients with chronic low back pain who followed cognitive intervention and exercise programs improved significantly in muscle strength compared with patients who underwent lumbar fusion or placebo. (Keller, 2004) (Storheim, 2003) (Schonstein, 2003) Multidisciplinary biopsychosocial rehabilitation has been shown in controlled studies to improve pain and function in patients with chronic back pain. However, specialized back pain rehabilitation centers are rare and only a few patients can participate in this therapy. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed two weeks without demonstrated efficacy (subjective and objective gains). (Lang, 2003) A recent RCT concluded that lumbar fusion failed to show any benefit over cognitive intervention and exercises for patients with chronic low back pain after previous surgery for disc herniation. (Brox, 2006) Another trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined, each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity) (Smeets, 2006) For chronic LBP, cognitive intervention may be equivalent to lumbar fusion without the potentially high surgical complication rates. (Ivar Brox-Spine, 2003) (Fairbank-BMJ, 2005) See also multidisciplinary pain programs in the Pain chapter.

Official Disability Guidelines cognitive behavioral therapy (CBT) guidelines for low back problems: screen for patients with risk factors for delayed recovery, including fear avoidance beliefs.

Initial therapy for these “at risk” patients should be physical therapy exercise instruction, using a cognitive motivational approach to physical therapy. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical therapy alone:

- Initial trial of three psychotherapy visits over three weeks.
- With evidence of objective functional improvement, total of up to five to six visits over five to six weeks (individual sessions).

If the IMED’s decision is contrary to: (1) the DWC’s policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. ***Spine***
B. ***Official Disability Guidelines***