

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 09/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy and biofeedback (90806, 90901) once a week for eight weeks

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

Board Certified in Psychiatry
Board Certified in Neurology in Psychiatry
Board Certified in Addiction Psychiatry
Board Certified in Forensic Psychiatry
Board Certified in Pain 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.

Individual psychotherapy and biofeedback (90806, 90901) once a week for eight weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with M.D. dated 11/29/06
An undated prescription from D.C.
A causation letter from Dr. dated 12/14/06
An MRI of the left ankle interpreted by M.D. dated 12/15/06
An MRI of the lumbar spine interpreted by Dr. dated 12/15/06
An evaluation with Dr. dated 01/02/07
A Physical Performance Evaluation (PPE) with an unknown provider (no name or signature was available) dated 04/24/07
A work hardening request from Dr. dated 05/02/07
A prescription from Dr. dated 07/19/07
A behavioral medicine evaluation with M.A., L.P.C. dated 07/31/07
A preauthorization request from Ph.D. dated 08/02/07
An environmental intervention with Dr. dated 08/06/07
A letter of adverse determination, according to the ODG, from Ph.D. dated 08/07/07
An evaluation with D.O. dated 08/21/07
Reconsideration requests dated 08/23/07 and 08/27/07
A letter of adverse determination, according to the ODG, from, Ph.D. dated 08/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 11/29/06, Dr. prescribed Lortab, Flexeril, and Restoril. An MRI of the left ankle interpreted by Dr. on 12/15/06 revealed a posteromedial talus osteochondral defect and bone edema. An MRI of the lumbar spine interpreted by Dr. on 12/15/06 revealed disc protrusions at L3-L4 and L5-S1. A PPE with an unknown provider on 04/24/07 indicated the patient functioned at the light medium to medium physical demand level and a return to work program was recommended. On 05/02/07, Dr. recommended 15 sessions of a work hardening program. On 07/19/07, Dr. also requested individual counseling and biofeedback therapy. On 07/31/07, Ms. recommended a low level of individual psychotherapy and biofeedback training. On 08/07/07, Dr. wrote a letter of adverse determination for the individual therapy and biofeedback training. On 08/21/07, Dr. recommended possible left ankle arthroscopy. On 08/23/07 and 08/27/07, Ms. provided reconsideration requests for the individual psychotherapy and biofeedback. On 08/30/07, Dr. wrote a letter of adverse determination for the individual psychotherapy and biofeedback.

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

In my opinion, the requested individual's psychotherapy and biofeedback once a week for eight weeks is not reasonable or necessary as related to the original injury. The ODG web-based guidelines for psychotherapy for depression and stress indicate there should be an initial trial of six visits over six weeks and with evidence of objective functional improvement, a total of up to 13 to 20 visits over thirteen to 20 weeks of individual sessions. The request for eight visits is excessive and not reasonable or necessary as there is not evidence that this patient will improve with an initial trial of psychotherapy. Additionally, the ODG biofeedback therapy guidelines for chronic pain state that the patient should be screened with risk factors for delayed recovery, as well as motivation to comply with the treatment regimen that requires self discipline.

Initial therapy for these "at risk" patients should be physical therapy exercise instruction using a cognitive motivational approach to physical therapy. There should be possibly a consideration of biofeedback referral in conjunction with CPT after four weeks with an initial trial of three to four psychotherapy visits over two weeks; with evidence of objective functional improvement, a total of up to six to ten visits over five to six weeks (individual sessions) and patients may continue biofeedback exercises at home.

The records show that this individual has not been screened appropriately for biofeedback and that he has not had a trial of three to four psychotherapy visits over two weeks. Therefore, the request as written for individual psychotherapy and biofeedback once a week for eight weeks does not meet ODG web-based guidelines. Additionally, the patient is reporting chronic pain and the ODG recommended guidelines do not show biofeedback to be effective for the treatment of chronic pain.

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)**