

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 09/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical biofeedback training (90901) twice weekly for 90 days

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.

Medical biofeedback training (90901) twice weekly for 90 days - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An identification form dated 04/16/07

Evaluations with M.D. dated 04/16/07, 04/25/07, 04/30/07, 05/01/07, 05/08/07, 05/10/07, 05/14/07, 05/15/07, 05/17/07, 05/22/07, 05/24/07, 05/29/07, 05/31/07, 06/05/07, 06/04/07, 06/19/07, 06/21/07, 06/26/07, 06/28/07, 07/03/07, 07/05/07, 07/09/07, 07/10/07, 07/18/07, 07/19/07, 07/24/07, 07/25/07, 07/26/07, 08/01/07, 08/02/07, 08/16/07, 08/18/07, 08/22/07, 08/23/07, and 09/04/07

Health Insurance Claim forms dated 04/16/07, 04/25/07, 04/30/07, 05/01/07, 05/08/07, 05/10/07, 05/15/07, 05/17/07, 05/22/07, 05/24/07, 05/29/07, 05/31/07, 06/04/07, 06/05/07, 06/19/07, 06/21/07, 06/26/07, 06/28/07, 07/03/07, 07/05/07, 07/09/07, 07/10/07, and 07/18/07

A preauthorization request from Dr. dated 04/18/07

Letters of non-certification, according to the ODG, from M.D. dated 04/25/07 and 07/09/07

A Behavioral Health Inventory dated 04/25/07

Medication usage instructions dated 04/25/07

A letter of approval from Dr. dated 04/25/07

A letter of appeal from Dr. dated 05/15/07

Evaluations with M.D. dated 07/11/07 and 09/05/07

A patient information and financial policy form from the patient dated 07/11/07

A DWC-73 form from Dr. dated 08/01/07

A left shoulder MRI arthrogram interpreted by M.D. dated 08/23/07

A Mental Health Interpretive Report dated 09/04/07

A letter of Position Statement from the Law Offices dated 09/10/07

A letter to Ryco MedReview from Dr. dated 09/11/07

A letter from Dr. dated 09/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 04/16/07, Dr. prescribed Zyprexa and Cymbalta. On 04/18/07, Dr. recommended preauthorization for psychotherapy, biofeedback training, and psychological testing. On 04/25/07, Dr. wrote a letter of non-certification for 24 sessions of biofeedback and a letter of certification for psychological testing. On 05/08/07, Dr. continued the patient on Cymbalta and referred him to Dr.. On 07/03/07, Dr. recommended continued psychotherapy and biofeedback and prescribed Lidoderm patches, Skelaxin, Zyprexa, and Cymbalta. On 07/09/07, Dr. wrote a letter of non-certification for 24 sessions of psychotherapy. On 07/11/07, Dr. performed a left shoulder injection and recommended physical therapy and a home exercise program. On 07/18/07, Dr. recommended physical therapy. On 08/18/07, Dr. restarted the patient on Cymbalta and Zyprexa. An MRI arthrogram of the left shoulder interpreted by Dr. on 08/23/07 was essentially unremarkable. On 09/05/07, Dr. recommended left shoulder surgery. On 09/10/07, Ms. provided a position statement for an IRO. On 09/11/07, Dr.

wrote a letter requesting an IRO. On 09/12/07, Dr. wrote a letter requesting continued psychiatric care.

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

It is my opinion that the requested medical biofeedback training (90901) twice a week for 90 days is not reasonable and necessary as related to the original injury. ODG Biofeedback Therapy Guidelines state, "Screening for patients with risk factors for delayed recovery as well as motivation to comply with the treatment regimen that requires self-discipline." It further states, "Initial therapy for the at-risk patient should be physical therapy exercise and there should be a possible consideration for biofeedback referral in conjunction with CBT after four weeks. There should be an initial trial of three to four psychotherapy visits over two weeks, and with evidence of functional improvement, a total of up to six to ten visits over five to six weeks, and patient may continue biofeedback sessions at home."

The records reviewed indicate that this patient, as of 09/12/07, is scheduled for left shoulder superior labrum anterior and posterior (SLAP) repair and capsular release. The use of biofeedback with a pending surgical procedure to relieve the patient's cause of pain is not reasonable or medically necessary.

Additionally, this patient has had psychological tests that document the patient to have evidence of acute major depression with agitation and erratic qualities as well as having problems with cognitive interference. According to MCMI-III report dated 09/04/07, he carries a diagnosis of schizoaffective disorder, generalized anxiety disorder, and somatization disorder with prominent hypochondriacal features. Biofeedback is not indicated for these disorders. There is also evidence that the individual suffers from poor memory, concentration problems, and inability to make decisions according to the MMPI-II. Biofeedback is a process that requires concentration and individuals are screened exactly for problems with concentration and memory prior to trials of biofeedback.

Additionally, the evidence is absent to support biofeedback for the treatment of postsurgical left shoulder scope repairs. The request for medical biofeedback training twice weekly for 90 days, based upon the records reviewed and **ODG** web-based guidelines, is not medically reasonable or necessary as related to the original injury.

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)