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DATE OF REVIEW: SEPTEMBER 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy and Biofeedback - 1 time a week for 4 weeks

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

Doctor of Psychology, Licensed in state of Texas

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
Individual Psychotherapy and Biofeedback - 1 time a week for 4 weeks	90806 & 90901	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Trauma discharge summary – Dr. Dr. - Center	xx/xx/xx
Report of Medical Evaluation and supporting documentation - MD	11/27/06
Consultation notes – Dr.	11/29/06
Initial Behavioral Medicine Evaluation –LPC -	12/08/06
Initial Behavioral Medicine Evaluation addendum for testing administered –LPC –	12/08/06
Consultation –MD - Healthcare	04/27/07
Individual Psychotherapy treatment summary –LPC	06/11/07
Initial consultation –MD. - MD. - Institute.	06/26/07
Utilization Review request for behavioral health treatment –MD –Healthcare	07/03/07
Utilization Review – Notice of adverse determination and rationale –	07/12/07
Letter of medical necessity and request for reconsideration utilization review denial –LPC	07/24/07
Utilization Review reconsideration request –Ph.D.	07/24/07
Utilization Review – Notice of adverse determination with rationale & ODG guidelines -	08/01/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx the claimant suffered a work related back and chest injury with lower extremity pain complaints. The patient has completed six sessions of individual psychotherapy and six sessions of biofeedback training. After the patient completed the initial individual psychotherapy sessions and biofeedback sessions, he reported a minimal decrease in depressive symptoms, increased symptoms of anxiety and continued to report high levels of pain. Minimal functional gains were also reported. The request is for 4 additional sessions of individual psychotherapy and 4 additional sessions of biofeedback training.

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

Based upon the evidence provided by ODG, other treatment guidelines and additional research studies, for the treatment of chronic pain, this request is not medically necessary. This patient is a poor candidate for additional individual psychotherapy and biofeedback training. Given the results of the initial sessions, the additional treatment is likely to have no significant impact on his functional improvement. The information provided indicates that the requested procedures are not medically necessary.

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

ODG does not recommend additional psychological treatment unless functional improvement has been demonstrated and there is evidence of meaningful subjective and objective gain from previous psychological interventions (Work Loss Date Institute, ODG, Chapter 1, 2007). After the initial psychotherapy and biofeedback sessions, no meaningful subjective or objective gains were reported and functional improvement was minimal.

The patient's inability to benefit from these previous psychological interventions presents a poor prognosis for the requested additional treatments. Treatment guidelines and other research state that repeated intervention procedures without substantial and sustained improvements in function are unwarranted (Guidelines for the Assessment and Management of Chronic Pain, PubMed. 103(3), 2004).

Guidelines do not recommend the use of biofeedback for this injury. Guidelines state that the available evidence does not clearly show whether biofeedback's effects exceeded nonspecific placebo effects (Work Loss Date Institute, ODG, Chapter 1, 2007). Given the minimal functional improvement reported after the initial biofeedback sessions and the guidelines concerning the effectiveness of biofeedback training, continued biofeedback training is not recommended for this patient.

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 05/01/2007.