I-Decisions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 7, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Biofeedback Therapy, 1 x per week x 6 weeks

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

MD, Neurologist
Fellowship Trained Pain Specialist
Board Certified in Neurology and Pain Management
American Board of Psychiatry & Neurology

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.

The reviewer finds that medical necessity exists for Biofeedback Therapy, 1 x per week x 6 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 2/20/08, 3/7/08
ODG Guidelines and Treatment Guidelines, 2008

Reconsideration Letter 2/28/08
Psychophysiological Assessment 2/11/08
Initial Behavioral Medicine Consultation and Addendum 6/5/07
Exam 1/26/08
Notice of Employee's Work related injury xx/xx/xx
Diagnostic Reports 7/19/06, 8/2/06, 6/25/07, 10/29/07
Functional Capacity Exam Data, Results and Detailed Narrative Report 10/8/07 and 11/5/07
Outside Deliverer Occupational Classification
Op Reports 9/20/06, 12/10/07, 1/7/08
History and Physical 5/23/07
Exam Notes 7/19/06, 7/24/06, 8/18/06, 9/8/06, 10/17/06, 1/19/07, 4/20/07, 6/15/07, 7/11/07, 8/1/07, 9/15/07, 10/15/07, 10/29/07, 11/2/07, 11/7/07, 11/28/07, 12/6/07, 12/21/07, 12/29/07, 1/3/08, 1/9/08, 1/23/08, 1/26/08
Physical Therapy Progress Notes 2007- 6/21, 6/28, 7/9, 7/11, 7/12, 7/16, 7/18, 7/23, 7/27, 7/30, 8/1, 8/8, 8/10, 8/14, 8/15, 8/20, 8/27, 12/17, 12/19, 12/26, 12/28, 12/31
Physical Therapy Progress Notes 2008-1/2, 1/4, 1/10, 1/14, 1/16. 1/18, 1/21, 1/25, 1/30, 2/4, 2/11, 2/13, 2/14, 2/18, 2/19, 2/20, 2/21, 2/22, 2/25, 2/29
Individual Psychotherapy Notes 7/9/07, 7/16/07, 7/23/07, 10/8/07, 10/17/07, 11/14/07, 11/20/07, 11/30/07, 1/21/08, 2/13/08, 2/25/08
Treatment Summary/Reassessment 7/23/07, 11/30/07
Work Hardening Daily Notes 2007- 10/9, 10/10, 10/11, 10/12, 10/15, 10/16, 10/22, 10/23, 10/24, 10/25, 10/26, 10/30, 11/1, 11/5
Group Therapy Notes 10/9/07, 10/18/07, 10/24/07
Work Hardening Flow Sheets 10/9-10/12/07, 10/12-10/19/07, 10/22-10/26/07, 10/29-11/2/07
Psychotherapeutic Group Notes 10/10/07, 10/17/07, 10/24/07
Work Hardening Plans and Goals 10/17/07
Evaluation Reports 4/3/07, 7/20/07 and Letter of Clarification 5/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a work related injury on xx/xx/xx while reaching down to pick up a heavy box, had a sudden pain that was eventually attributed to shoulder injuries bilaterally. Subsequently, he has undergone two (2) surgeries to the left shoulder and one (1) surgery to the right shoulder. He has also undergone treatment including individual psychotherapy, physical therapy, as well as work hardening program, and various medication trials including anti-inflammatory medications, and opioids, etc. Though this claimant has apparently improved symptomatically, he continues to be troubled with significant pain, in both upper extremities, which is felt to be at least partly due to ongoing muscle pain. It is for this reason that additional treatment with six (6) sessions of biofeedback has been requested.

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

It is this reviewer's opinion that the requested treatment of Biofeedback therapy, 1 x per week x 6 weeks is reasonable and necessary for this claimant. This worker has obviously sustained significant injuries that have resulted in three (3) surgeries as well as fairly intensive physical therapy and work hardening

programs. This claimant has been compliant and has shown no evidence of embellishment or exaggerated symptom amplification, etc. It is certainly reasonable to suspect that a component of his ongoing pain may certainly be muscular in ideology, such as muscle spasm, etc. Biofeedback therapy is generally considered a component of a multidisciplinary pain program. This claimant has certainly undergone many of the other usual components in such a program and therefore may benefit from this additional modality that has not yet been provided.

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)**