Medical Review Institute of America, Inc.
America's External Review Network

Amended 08/11/08

DATE OF REVIEW: August 7, 2008

IRO Case #:

Description of the services in dispute:

Individual Psychotherapy 1 x 6 Weeks AND Biofeedback Psycho physiological Profile Assessment.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The Psychologist who performed this review is licensed in Psychology by the state of Texas. This reviewer is a Diplomat of the American College of Forensic Examiners. They also hold a master certification in Neuro Linguistic Programming. The reviewer provides services for both adult and pediatric patients within their practice. The reviewer has been in active practice since 1976.

Review Outcome

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

Overturn

Individual psychotherapy 1 x 6 weeks and Biofeedback psychophysiological assessment is recommended per ODG guidelines.

Information provided to the IRO for review

Records received from the State:
Confirmation of receipt of a request for an IRO
Notice of Utilization review findings dated 06/25/2008
Notice of Utilization review findings dated 06/22/2008

Records received from:
X-ray dated 03/14/2008
Patient information form dated 04/04/2008
Reconsideration: Behavioral health treatment preauthorization request dated 05/01/2008
Behavioral health treatment preauthorization request date of services 06/23/2008 to 10/03/2008
Patient information sheet
Behavioral health treatment preauthorization request date of services 07/21/2008 to 10/03/2008

Records received from:
Letter from dated 07/24/2008
Initial assessment form dated 02/14/2008
Emergency department, ongoing nursing assessment dated 02/14/2008
Order procedure form, Orthopedic emergencies dated 02/14/2008
Emergency physician record dated 02/14/2008
Patient teaching instructions dated 02/14/2008
Radiology report dated 02/14/2008
History and physical from, D.O. dated 02/23/2008
Follow up from, D.O. dated 03/10/2008, 04/05/2008, 05/05/2008, 05/27/2008, and 06/24/2008.
Therapy- initial evaluation dated 03/11/2008
MRI of left ankle without contrast dated 03/14/2008
Electromyography dated 03/20/2008
Electrodiagnostic results dated 03/20/2008
Notice of disputed issue and refusal to pay benefits dated 03/21/2008 and 04/21/2008
Physical therapy progress notes dated 03/25/2008, 03/27/2008, 04/01/2008, 04/03/2008, 05/27/2008, 05/30/2008, 06/03/2008, 06/05/2008, 06/10/2008, 06/24/2008, 06/27/2008, 07/01/2008, and 07/03/2008.
Blank exercise sheet
Patient activity flow sheets
Initial behavioral medicine consultation dated 04/03/2008
Addendum dated 04/03/2008
Individual psychotherapy note dated 04/25/2008, 05/08/2008, 05/12/2008, 05/27/2008, and 06/03/2008.
Physician notes from, MD dated 05/16/2008, 06/04/2008, 06/16/2008, and 07/09/2008.
Physical therapy re-evaluation dated 05/20/2008 and 06/16/2008
Letter from Texas Department of Insurance, Division of Worker's Compensation dated 06/02/2008
Letter from, MD
Review of medical history and physical exam dated 06/13/2008
Request for designated doctor form
Report of medical evaluation dated 06/13/2008
Treatment and reassessment dated 06/17/2008
Open MRI, Left ankle dated 06/21/2008

Records received from treating provider:
Reconsideration: Behavioral health treatment preauthorization request dated 05/01/2008
Behavioral health treatment preauthorization request date of services 06/23/2008 to 10/03/2008
Notice of intent to issue an adverse determination dated 06/24/2008
Environmental intervention-90882 dated 06/25/2008
Behavioral health treatment preauthorization request date of services 07/21/2008 to 10/03/2008

Notice of utilization review findings dated 07/22/2008
Request for records dated 07/25/2008
Patient information sheet

Patient clinical history [summary]

The patient is a xx year old female who sustained an injury to the left foot, ankle and hip on xx/xx/xx . Initial x-rays revealed soft tissue swelling. She was provided medications and released. IN 3/08 she underwent MRI of the ankle that revealed a partial Achilles tendon tear. The patient at that time had returned to work modified duty, she was subsequently let go in 5/08 indicating light duty was no longer available. On 4/3/08 the patient was seen for a psychological evaluation. Average daily pain was rated at 8/10 with the worst pain elevating to 9/10. In addition she complained of diminished function, disrupted activity, disturbed sleep, anxiety, frustration, irritability and anger. She was diagnosed with adjustment disorder with mixed anxiety and depressed mood. Recommendation was made for participation in individual psychotherapy. In 6/08 the patient was seen for a designated doctor evaluation. She was noted to not be at maximum medical improvement and was recommended for continued physical therapy, injections and surgical consultation. It was also stated she could return to work with restrictions. The patient did in fact participate in 6 sessions of individual psychotherapy. Beck depression and anxiety scores reduced from 26 and 18 to 24 and 15 respectively. Sleep was improved by one hour. Pain complaints reduced by 14 percent, irritability and anxiety reduced by 40 percent, frustration and tension reduced by 30 percent and depression was reduced 38 percent. Of note the patient was on medications to include Tranxene for anxiety, Tramadol for pain and Cymbalta for depression. Cymbalta however was not initiated until after the 5th session of Individual psychotherapy. Subsequent to completion of these sessions recommendation was made for continuation. On 6/25/08 Dr. reviewed the initial request for continuation. The request was denied indicating there had been no significant change in beck scores, sleep had only improved one hour, there was no report of increased activity and no objective evidence of overall improvement. A letter of reconsideration was submitted summarizing the improvement. It was noted however this information was not included in the initial review. On 7/22/08 the appeal request was reviewed by Dr.. This reviewer upheld the initial determination stating there was minimal improvement. It was also opined a biofeedback psychophysiological assessment (PPA) was not needed as biofeedback would be utilized if and when the patient entered into chronic pain management. A request was then submitted for independent review for 6 sessions of psychotherapy and biofeedback PPA.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Item in dispute – Individual psychotherapy 1 x 6 weeks and Biofeedback psychophysiological assessment.

The denial is disagreed with. This patient participated in 6 sessions of individual psychotherapy with some improvement noted. Her subjective improvements were minimal, there was however also

evidence of objective improvement. The issue however is psychotropic medications were not implemented until after the 5th session.

Per OD Guidelines Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80 percent relapse rate with antidepressants versus 25 percent with psychotherapy). In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment.

Based on the clinical information provided, the lack of progress was significantly due to lack of psychotropic medications used in conjunction with her sessions. These medications were not implemented until the last sessions so of course there was a lack of overall objective progress. As such given the patients clinical picture, it is recommend to overturn the denials and allow the patient the additional 6 sessions of Individual psychotherapy.

As for the PPA for participation in biofeedback. The OD Guidelines state Biofeedback is not recommended as a stand-alone treatment, but is recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. It appears the request for PPA was denied indicating biofeedback was to be used as a treatment modality for chronic pain. The intended use of biofeedback in this patient is to reduce anxiety and tension and to promote relaxation. This modality is also intended to be used in conjunction with Individual psychotherapy as recommended per ODG. As such it is my opinion the denial for the PPA also be overturned and recommended as medically necessary.
ODG biofeedback therapy guidelines:
Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a 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.

Possibly consider biofeedback referral in conjunction with CBT after 4 weeks:
- Initial trial of 3 to 4 psychotherapy visits over 2 weeks
- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)
- Patients may continue biofeedback exercises at home

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. Official Disability Guidelines, Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition) Mental Illness and Stress Chapter, Accessed Online.

2. Paykel ES. Cognitive therapy in relapse prevention in depression. Int J Neuropsychopharmacol. 2006 Jun 20;: 1-6.

3. Goldapple K, Segal Z, Garson C, Lau M, Bieling P, Kennedy S, Mayberg H, Modulation of cortical-limbic pathways in major depression: treatment-specific effects of cognitive behavior therapy, Arch Gen Psychiatry. 2004 Jan;61(1): 34-41

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