

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: MAY 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

90901 Biofeedback Therapy, 1 x/week x 6 weeks and 90806 Individual Psychotherapy 1 x wk x 6 weeks

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

MD, Certified by the American Board of Psychiatry and Neurology with added qualifications in Child and Adolescent Psychiatry

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 90901 Biofeedback Therapy, 1x/week x 6 weeks, and 90806 Individual Psychotherapy 1x/week x 6 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 4/15/08, 5/8/08
ODG Guidelines and Treatment Guidelines
Letter to IRO, 5/20/08
Preauthorization Requests, 4/10/08, 5/1/08
Ph.D., 4/14/08, 5/7/08
MA, LPC, 5/1/08
Patient Information Sheet

Treatment Center, 2/9/08
LPC, 2/11/08, 10/8/07
D.O., 1/19/08, 2/9/08, 3/10/08, 4/5/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a work related injury to his right foot on xx/xx/xx while performing his customary duties as a xxx for xxxxxx. Per report, the patient had been employed with the company for approximately 14 years and 1 month at the time of the work accident. He states that he tripped over a plate on the floor of the work trailer. He reported feeling immediate pain in his right foot. The patient first sought treatment from the company doctor, Dr., on xx/xx/xx. He has been treated with electrical stimulation and application of ice and heat. He received an injection in February 2007. The patient then reported going to where he received x-rays and was sent back to Dr.. Dissatisfied with his care, the patient states he transferred his care to, D.O. Claimant reports difficulty with acts of daily living since the work injury, to include: household chores, exercise/playing sports, driving, standing, walking, and climbing stairs. He notes that he endorses negative changes in his interpersonal relationships and negative changes in his self-perception, such as feeling disappointed and angry with himself and feeling a lack of control in his life. He endorses both initial and sleep maintenance insomnia. He estimates his current level of functioning at 40%. A recent report from Dr. documents continued objective evidence of problems with his right foot and ankle, to include decreased range of motion, swelling and pain. Patient is attempting to obtain a repeat MRI and orthopedic consultation. A letter written by, LPC, states his psychological diagnosis is Adjustment disorder, mixed anxiety and depressed mood, chronic, secondary to work related injury. She notes in her letter dated 2/11/2008 that patient completed approved individual psychotherapy sessions. He made some progress as indicated by decrease in BDI from 17 to 15. Claimant does appear to be motivated but if frustrated by lack of responsiveness of the system which has so far denied him the recommended MRI and orthopedic second opinion his physician recommends. Ms. has requested 6 more individual sessions to assist client in dealing with the anxiety, depression and stress this injury has created. Biofeedback is also requested to help him relax and decrease his pain level. The URA has denied these requests with a rationale that the patient has not been progressing sufficiently in treatment.

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

The request for 6 sessions of individual therapy and 6 sessions of biofeedback seems reasonable in this case. The claimant is described as well motivated and has achieved some success with therapy thus far. He is dealing with a chronic problem with continuing physical manifestations of limitation of motion and swelling and pain. It is reasonable that he is still suffering from impairments in his ability to work and perform normal activities of daily living. It is also reasonable that he is suffering significant frustration from the system not allowing him to have additional evaluations for his physical problems. There is a relatively good chance that the proposed treatment of individual therapy and biofeedback could be beneficial in helping him cope with these problems at this time and help him better adjust both at home and on the job.

The reviewer finds that 90901 Biofeedback Therapy, 1 x/week x 6 weeks and 90806 Individual Psychotherapy 1 x weekk x 6 weeks is medically necessary.

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)