

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Six sessions of individual psychotherapy and six sessions of biofeedback

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

MD, Board Certified Psychiatrist

Certified by the American Board of Psychiatry and 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Adverse Determination Letters, 1/7/09, 2/4/09

Injury Clinic, 1/2/09, 1/5/09, 1/30/09, 11/6/08, 12/29/08, 2/18/08,
1/7/08, 9/26/07

DO, 11/6/08, 10/30/08, 10/9/08, 8/28/08, 6/19/08,

5/22/08, 4/24/08, 3/19/08, 2/13/08, 10/30/07, 12/18/07, 11/27/07,

Patient Information Sheet, undated

MD, 12/21/07

MRI, 12/23/06, 2/28/07

9/19/07

NDAD, 9/5/07

Interim FCE, 1/20/08

FCE, 1/30/08

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who suffered accidental injury at work on xx/xx/xx when she slipped and fell on a dolly, injuring her left leg and hip. MRI of the spine showed bulging disc at L4/5. She has had physical therapy, passive pain treatments, 6 weeks of individual psychotherapy and a failed work hardening program. In a letter dated 2/18/2008, summarized her response to these treatments: "Conservative treatment has been exhausted. Her pain has proven refractory to conservative care and she has subsequently developed a chronic pain syndrome." A follow up note written by DO, her attending, on 10/30/2008 states: "She is here to follow up on her Cymbalta. She reports marked improvement in her depression scales as she feels so much better. She is able to sleep through the night. Her only complaint today is that her blood sugars have been running pretty low."

A subsequent note indicated that Cymbalta had to be discontinued because of side effects. A request was made in December 2008 for 6 sessions of IPT and biofeedback training. An evaluation dated 12/29/2008 by noted that the patient rated her pain at a high level. She also reported difficulty doing household chores, yard work, cooking, exercising, driving, standing, squatting, lifting heavy items and climbing stairs. She also noted less social activity, isolation, loss of confidence, depressed mood, insomnia, irritability, frustration, nervousness, and forgetfulness. She was diagnosed with major depressive disorder and pain disorder. Two insurance reviewers denied the request for IPT and biofeedback as not being medically necessary. MS summary states that the patient "responded well to CBT, learning problem-solving and coping skills and basic relaxation techniques. However, she has not been able to independently practice these techniques with effectiveness for some time or generalize over environments. Her pain experience remains intractable, as does her depressive symptoms and limited coping skills."

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

The previous reviewers in this case based their denial on the fact that the patient did not benefit from her initial trial of IPT. According to ODG guidelines, there is no benefit to repeating a procedure that has already failed. This reviewer concurs with the previous reviewers. In addition, the ODG does not recommend biofeedback.

The medical records that were submitted with this review fail to support the notion that the patient improved with initial IPT. Rather, there is a letter from Mr. stating the patient did not benefit from any of the conservative therapies, including IPT and work hardening. Dr. note from 10/30/2008 did document marked improvement in mood and depression while the patient was being treated with Cymbalta. This medication was discontinued because of side effects. The record provided fails to indicate marked improvement in depression with IPT but does show such improvement with Cymbalta.

The patient does not meet the criteria in the ODG. The reviewer finds that medical necessity does not exist for six sessions of individual psychotherapy and six sessions of biofeedback.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)