

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

DATE OF REVIEW: 10/27/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy 1 x 6 (90806), Biofeedback Therapy 1 x 6 (90901)  
(EMG, PNG & TEMP)

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

The TMF physician reviewer is the same specialty as the treating doctor and is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician reviewer is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the individual Psychotherapy 1 x 6 (90806), Biofeedback Therapy 1 x 6 (90901) (EMG, PNG & TEMP) is medically necessary to treat this patient's condition.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 10/07/09
- Decision letter– 08/25/09, 09/22/09
- Individual Psychotherapy Preauthorization Request – 08/14/09
- Patient Face Sheet – 07/17/09
- Referral for psychological testing and counseling by Dr.– 07/10/09
- Treatment reassessment & discharge by – 08/05/09
- Pre-Surgical Behavioral Medicine Consultation – 03/26/09
- Reconsideration: Individual Psychotherapy Preauthorization Request – 09/15/09
- Letter – 10/09/09

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related injury on xx/xx/xx when he picked up a 2 x 4, tripped and felt immediate pain to his back. The patient is currently being treated with medications and has undergone pre-surgical psychotherapy sessions. He has been diagnosed with a major depressive disorder and the treating psychologist is recommending additional sessions of individual psychotherapy and biofeedback in preparation for surgical intervention.

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

This patient's most recent treatment reassessment and discharge dated 08/05/09 indicated the patient had received some improvement and had partially met some of his goals and objectives in only four sessions. Based upon his response to treatment and continued objective and subjective findings, an additional 6 psychotherapy sessions and biofeedback sessions were requested. The records indicate the patient continues to have ongoing problems and difficulties. The ODGs allow for this type of individual psychotherapy in conditions such as this. Initial trial of 6 visits over 6 weeks is allowable. He completed 4 visits with evidence of objective functional improvement. Therefore he is eligible for the additional 6 individual psychotherapy and biofeedback therapy sessions and they are medically indicated for treatment of his on the job injury.

### **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)