



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

DATE OF REVIEW: October 22, 2009

IRO Case #:

**Description of the services in dispute:**

1. Individual Psychotherapy 1 x 4 weeks and biofeedback Therapy 1 x 4 weeks. CPT codes #90806, #90901, and #90806.

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

The clinician who provided this review is a licensed Psychologist in two states. This reviewer is a diplomate in Clinical Neuropsychology, by the American Board of Professional Neuropsychology. This reviewer is a member of the American Psychological Association, the American Pain Society and the National Academy of Neuropsychology. The reviewer has served as the Chief of Neuropsychology and Rehabilitation Psychology at a university medical center, an assistant professor of Psychology, Director of a Children's Rehabilitation Program and staff Psychologist. The reviewer is currently in private practice where has nearly 30 years of experience.

**Review Outcome**

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

Upheld

The request for biofeedback was not warranted. The denial should be sustained. Biofeedback is not recommended as a "stand-alone" treatment. While it may be useful in some cases, approval of biofeedback requires a clinical evaluation called a Psychophysiological Assessment (PPA). The results of such an assessment were not submitted. As result of these two factors, biofeedback is not medically necessary.

**Information provided to the IRO for review**

Records from the State:

Confirmation of Receipt of a Request for a Review 10/5/09 (6 pages)

Appeal Denial Letter from Company 9/22/09 (6 pages)

Reconsideration for Preauthorization Request for behavioral health treatment 9/14/09, 8/18/09, 7/24/09 (9 page)

Patient Information Sheet (3 page)

Follow-up Notes 5/11/09–9/8/09 (14 pages)

Denial Letter from Company 8/24/09, 7/30/09 (8 pages)

Treatment Reassessment Note amended Report 7/15/09 (3 pages)

Initial Behavioral Medicine Consultation 5/7/09 (5 pages)

History and Physical 4/18/09 (3 pages)

### **Patient clinical history [summary]**

The clinical documentation indicated that the patient is a female who was injured at work on xx/xx/xx. She slipped on a wet bathroom floor and fell to the ground with a twisting motion. She reported that she did the splits and had difficulty getting up. The physical examination impression was cervical sprain, lumbar sprain, right knee sprain, and probable cervical herniated disc at C5/6 and C6/7.

An Initial Behavioral Medicine Examination was completed by LPC. This examination did not include administration of psychological tests by a psychologist or tests with validity scales. No PPA/biofeedback evaluation was completed. Only self-report measures were obtained. Following this examination it was determined that the patient required four sessions of individual psychotherapy by the counselor. The four sessions of individual psychotherapy were completed and a request was submitted for additional psychotherapy and biofeedback treatment. A biofeedback evaluation (PPA) was not completed prior to requesting this service.

The medical necessity of this request for additional psychotherapy and biofeedback services was considered by two clinical psychologists and denied. Based on review of submitted documentation the denial should be sustained. Additional psychotherapy is not supported with evidence of functional improvement. Biofeedback services require an evaluation be submitted prior to approving such services. In addition, biofeedback is not recommended as a “stand-alone” service by ODG Guidelines. Since individual psychotherapy resulted in negligible improvement and additional psychotherapy was denied, biofeedback should not be approved since it would be a “stand-alone” treatment.

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

Following the completion of a Behavioral Medicine Consultation the requesting program requested four sessions of individual psychotherapy which was approved. Following the completion of three of four approved sessions, a letter dated 7/15/09 was submitted. As required by ODG Guidelines, treatment outcomes were discussed. The patient's subjective pain levels dropped, irritability levels

dropped, frustration increased, and muscle tension remained the same. Subjective levels of sleep disturbance remained the same. Two self-report measures were administered before and after treatment. The BAI levels increased from 13 to 28. BDI levels increased from 7 to 25. As result, the patient did not demonstrate clear and unequivocal functional improvement during the first three sessions of psychotherapy. Additional psychotherapy was rightfully denied as being medically unnecessary due to lack of progress and functional gains. ODG Guidelines specifically specifies that the goal of treatment in workers compensation is functional improvement.

The request for biofeedback was not warranted. The denial should be sustained. Biofeedback is not recommended as a “stand-alone” treatment. While it may be useful in some cases, approval of biofeedback requires a clinical evaluation called a Psychophysiological Assessment (PPA). The results of such an assessment were not submitted. As result of these two factors, biofeedback is not medically necessary.

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

ODG Guidelines cognitive behavioral therapy (CBT) guidelines for low back problems:

Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ).

Initial therapy for these “at risk” patients should be physical therapy exercise instruction, using a cognitive motivational approach to PT.

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)

ODG; Biofeedback: Not recommended as a stand-alone treatment, but 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 low back pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, recommend approval only when requested by such a patient, but not adoption for use by any patient. There is conflicting evidence on the effectiveness of biofeedback for treating patients with chronic low back problems. See the Pain Chapter for more information and references, as well as ODG biofeedback therapy guidelines. (van Tulder, 1997) (Bigos, 1999)