

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

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

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
Licensed by the Texas State Board of Medical Examiners

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 8/19/09, 9/14/09
Injury Clinic, 10/7/09, 8/6/09
Preauthorization Request, 8/14/09, 9/9/09
Patient Information Sheet, undated
Treatment Summary/Reassessment, 7/27/09
Initial Behavioral Medicine Consultation, 4/12/09 (Addendum)
DO, 9/24/09, 8/27/09, 7/29/09
MRI Right Hand, 3/30/09
Diagnostics, 3/26/09
5/16/08, 1/29/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who injured his right hand and ring finger on xx/xx/xx. Treatment has included steroid injection and surgical treatment. He has completed 12 sessions of psychotherapy. A request was made for 6 additional sessions of psychotherapy and 6 sessions of biofeedback. The request was denied by the insurance company reviewer who felt that the psychotherapy request was inconsistent with ODG guidelines as he felt the

record did not support any functional improvement or behavioral changes resulting from the treatment. He also disallowed the biofeedback, stating that it is not recommended as a stand-alone treatment. In a rebuttal to the denial, XXXX XXXXX, MS, states that the patient did make improvements with psychotherapy. "He has increased his activity level at home in the context of using less pain medication. He has a brighter affect during sessions and is motivated and optimistic about his recovery." XXXXXXXX also states that the biofeedback was to be given in conjunction with the cognitive therapy and specifically was planned to assist the patient with independence in self-regulation techniques and pain control.

A treatment summary dated 7/27/09 further notes, after the initial sessions of psychotherapy, that "patient has had a decrease in pain. He has had an increase in depression and anxiety due to continued injury related stressors such as financial and relational difficulties from reduced income. Self-report scores of irritability, frustration/anger, and sleep problems have improved due to improved problem-solving and coping skills." The report further documents over half a dozen specific areas that have improved with the treatment.

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

The information in the rebuttal and the treatment summary adequately address all of the previous reviewer's reasons for denial of the request. With this new information in mind, the request does meet ODG guidelines. Specifically, the record shows that the patient did have a good but only partial response to CBT. The additional request for CBT includes a request to combine this treatment with biofeedback, which is permitted under ODG guidelines. The proposed treatment has a reasonable chance of improving the outcome of this patient and thus meets ODG criteria. The reviewer finds that medical necessity exists for Individual Psychotherapy 1x/week x 6 weeks and Biofeedback Therapy 1x/week x 6 weeks 90806, 90901.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE A DESCRIPTION)