



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 9/9/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for individual psychotherapy, once a week for 4 weeks and biofeedback training (EMG, TEMP, PNG), once a week for 4 weeks.

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

Texas licensed Clinical Psychologist

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 previously denied request for individual psychotherapy, once a week for 4 weeks and biofeedback training (EMG, TEMP, PNG), once a week for 4 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Behavioral Health Treatment Pre-Authorization Request dated 7/10/09, 8/5/09.
- MRI Lumbar Spine Without Contrast with Scout View dated 12/10/03.
- Patient Information dated 1/14/09.
- Treatment Reassessment Note dated 6/25/09.
- Request for Records dated 8/24/09.
- Adverse Determination Letter dated 8/12/09, 7/15/09.
- Physician Advisor Determination dated 8/10/09.
- History and Physical dated 1/14/09.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: years

Gender: xxxx

Date of Injury: xx/xx/xx

Mechanism of Injury: Pushed by a student and hit her lower back on a door knob. An exacerbation of initial injury on xx/xx/xx while doing repetitive bending motion and standing.

Diagnosis: Lumbar strain/sprain, major depressive disorder, recurrent, mild secondary to work injury

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

The claimant is a xx-year-old female who sustained a work related injury on xx/xx/xx, when a student pushed her backwards and she hit her lower back on a door knob, causing a herniation at L3-4 and producing bilateral radiculopathy and lumbar strain/sprain. She received conservative treatment by an unknown physician and went back to work fulltime. She had a flare-up of her pain condition in January of 2009, secondary to repetitive motion of bending and standing. She was no longer able to complete her work duties and was given the option of leaving her job or being terminated. She chose to leave her position and obtain treatment for her injury by, D.O. Dr. initially examined the injured worker and noted the same impressions as above, with herniation at L3-4, bilateral radiculopathy and lumbar strain/sprain. The injured worker was referred to pain management counseling with Licensed Professional Counselor, and received 10 (ten) sessions of individual psychotherapy. A note of the injured worker's last session with Ms. dated 6/25/2009, indicated a diagnosis of major depressive disorder, recurrent, mild and secondary to the work injury. There was also indication in the medical record that the injured worker had always "been nervous" and this may have been exacerbated by the injury, but not directly related to the symptoms. Ms. is requesting the continuation of treatment for 4

(four) additional psychotherapy sessions with the addition of 4 (four) biofeedback sessions both over a 4-week period.

Dr. psychologist, denied the initial request according to medical record dated 7/15/2009. Dr. stated that evidence was found in medical record that a reduction of symptoms was noted on most domains after the 10 (ten) session of individual psychotherapy and additional sessions and biofeedback were not medically necessary according to Official Disability Guidelines, Treatment Index, 7th Edition (web), 2009. He noted that exacerbations of anxiety were due to frustrations over the logistics of receiving treatment under worker's compensation and not a direct result of the worker's injury. This was indicated in medical record received.

The Official Disability Guidelines, Treatment Index, 7th Edition, 2009, Low Back Pain-cognitive therapy states that, "Behavioral treatment may be an effective treatment for patients with chronic low back pain, but it is still unknown what type of patients benefit most from what type of behavioral treatment. Some studies provide evidence that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function.

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

Screen for patients with risk factors for delayed recovery, including [fear avoidance beliefs](#).

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 psychotherapy visits over 3 weeks

With evidence of objective functional improvement, total of up to 5-6 visits over 5-6 weeks (individual sessions)."

The injured worker had received 10 (ten) sessions of individual psychotherapy which is over the stated amount allowed by the above guidelines. She had made some significant improvement in most areas noted in clinical record, therefore additional sessions of individual psychotherapy are not medically necessary and the previous denied request is upheld. The Official Disability Guidelines, Treatment Index, 7th Edition (web), 2009, Pain Section-Biofeedback states that this treatment is not recommended. "EMG biofeedback has been used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. Evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The available evidence does not clearly show whether biofeedback's effects exceeded nonspecific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. The application of biofeedback to patients with CRPS is not well researched. However, based on CRPS symptomology, temperature or skin conductance feedback modalities may be of particular interest. ([State, 2002](#)) ([BlueCross BlueShield, 2004](#))."

There was also no clear indication of why biofeedback was requested. The request for biofeedback sessions are not medically necessary and therefore, previous denials for this service are upheld. There was no indication in the medical

records that would indicate the injured worker was considered an outlier and was in a life-threatening crisis or suffered from any serious mental illness (e.g. PTSD) that would exacerbate her symptoms.

This reviewer agreed with the prior reviews concerning this case and prior adverse determination for services is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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. Official Disability Guidelines (ODG), Treatment Index, 7th Edition, 2009, Low Back Pain-cognitive therapy
Official Disability Guidelines, Treatment Index, 7th Edition (web), 2009, Pain Section-Biofeedback.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).