

SENT VIA EMAIL OR FAX ON  
Sep/30/2010

## True Decisions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Sep/28/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Individual Psychotherapy and biofeedback therapy 1 X wk C 4 weeks

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Clinical psychologist; Member American Academy of Pain Management

**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)

Biofeedback Not Medically Necessary

Individual Psychotherapy is Medically Necessary

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Denial Letters 7/30/10 and 8/26/10  
3/15/10 thru 8/26/10  
Dr. 5/20/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured at work on xx/xx/xx. At the time, he was performing his usual job duties as a and was in the process of connecting the cleaner to an extension cord, when he was electrocuted. Afterwards, he had problems with his speech and memory, and was sent to a company doctor and a neurologist. Patient tried unsuccessfully to return to work light duty, and is currently in an off-work status.

Patient has recently been approved for, and completed, 6 IT sessions and 6 Biofeedback sessions. Current diagnoses are: 307.89 Pain Disorder; 296.23 MDD; 300.21 Panic Disorder; and R/O 294.9 Cognitive Disorder. Current request is for 4 additional IT sessions and 4 additional Biofeedback sessions.

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

Patient reports feeling that he has benefited from the individual sessions, and has begun to reduce both his BDI score and his self-rating of depression. A ten percent change in BDI score is considered statistically significant, and is a good preliminary predictor of achieving positive cognitive and functional changes. ODG promotes early intervention and encourages this minimal level of treatment at this point in order to increase the chances of return to work for this type of patient. However, biofeedback has not proven successful in this case, as evidenced by the lack of significant change in pain, muscle tension, or anxiety scores, and so cannot be considered medically necessary in continuation of the case.

The results of the individual therapy sessions do indicate that patient could benefit from further cognitive-behavioral interventions aimed at improving coping skills in order to reduce problems with injury-related depression and psychosocial issues. A stepped-care approach to treatment has been followed, as per ODG, and the requested IT sessions appear reasonable and necessary at this time to treat the issues arising from the patient's injury and off-work status with a goal of increased overall physical and emotional functioning.

**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)