

US Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1 x 6 weeks and Biofeedback therapy 1 x 6 weeks

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

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, 7/20/10, 8/17/10

Injury Clinic 12/14/09 to 7/15/10

M.D. 8/19/10

Wellspine 9/2/10, 1/13/10

Medical Center 6/24/10, 6/28/10

D.O. 10/28/09 to 5/27/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a man who was injured on xx/xx/xx when a tall foot column fell on his left shoulder causing injuries to the shoulder and low back. The column weighed approximately 1,000 pounds. He has subsequently continued with left shoulder and low back pain. A recent physical examination gives him diagnoses of left shoulder sprain/strain, low back pain and herniated lumbar discs pressing on the thecal sac. Most recently he has had an epidural injection with immediate relief, but with return of the pain upon follow-up evaluation. He had a psychological evaluation with diagnoses of pain disorder and major depressive disorder. He had an initial treatment of 12 sessions of CBT with a positive response. He acquired a better understanding of the stress-pain appraisal connection, automatic negative thoughts and how core beliefs affect stress and pain. He successfully reduced negative psychological symptoms in session through use of abdominal breathing and guided imagery. He has implemented a daily routine of performing relaxation and abdominal breathing exercises at home but is not as successful at reducing negative symptoms on his own as he is in therapy. The therapist opined that he needed visual and auditory feedback help to aid his self-regulation. A request was made for 6 additional sessions of IT and 6 sessions of biofeedback. The insurance company reviewer denied the request. The reviewer noted that the documents in the record actually show that the patient did not have significant gains with the CBT. Records indicate the BDI went from 26 initially to 19 after treatment, but rebounded to 24 in July 2010. The BAI dropped from 30 to 22. The FABQ initially was 19/42 and was 24/42 in July 2010. The patient more recently reported an increase in pain, no change in irritability and nervousness; a 10% decrease in sadness, depression and forgetfulness and a 20% decrease in frustration and sleep problems.

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

The ODG suggests an initial trial of 6 visits over 6 weeks for psychotherapy. With evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks may be provided. Biofeedback is not recommended as a stand-alone but recommended as an option in CBT to facilitate exercise therapy and return to work. There is evidence in the records presented for review that this patient did have some improvement in areas with the initial CBT. At present, he seems to have increased fear avoidance and a return of some of his symptoms. The biofeedback in conjunction with the CBT has the potential of reducing the fear avoidance issues and allowing the patient to return to work. This would seem to comply with the ODG. The reviewer finds that medical necessity does exist for Individual psychotherapy 1 x 6 weeks and Biofeedback therapy 1 x 6 weeks.

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)