

# Wren Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/25/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Biofeedback therapy 1 x week x 6 weeks and individual psychotherapy 1 x week 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**

Official Disability Guidelines and Treatment Guidelines

Insurance, 1/13/11, 2/14/11

Clinic, 10/6/10-3/8/11

M.D. 1/5/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient sustained a work related injury to his neck and right shoulder on XX/XX/XXXX when he was lifting a box that weighed approximately 65 pounds and felt a pop in his neck. He was diagnosed with brachial plexus injury and had surgical treatment subsequently. He has a chronic cervical dystonia and was diagnosed with thoracic outlet syndrome. He receives Celexa 40 mg. daily, Darvocet and Lyrica for pain. His mental health evaluation diagnosed him with pain disorder associated with both psychological factors and general medical condition and MDD. He received six IPT sessions, but became increasingly frustrated with his chronic severe pain and his lack of physical functioning. A request was made for six sessions of IPT and 6 sessions of biofeedback. This request was denied with the rationale "given the lack of any objective evidence of functional improvement with individual psychotherapy, additional psychotherapy would not be warranted."

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

ODG states that Biofeedback is "not recommended as a stand-alone treatment, but recommended as an option in a 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 pain." This patient does not have back problems that would be resolved with muscle relaxation. He has a chronic pain syndrome, and ODG does not suggest biofeedback in this case. ODG Psychotherapy Guidelines warrant a total of 13-20 visits with evidence of

objective functional improvement. In this case, after six IPT sessions, the patient became increasingly frustrated with his chronic severe pain and his lack of physical functioning. There is no documentation of any functional improvement with the IPT thus far. The reviewer finds no medical necessity at this time for Biofeedback therapy 1 x week x 6 weeks and individual psychotherapy 1 x week 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)