

**MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: December 13, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cognitive behavioral therapy for 24 sessions, at a frequency of twice per week for 90 days.

Medical biofeedback training for 24 sessions, at a frequency of twice per week for 90 days.

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

M.D., Board Certified in Psychiatry.

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)

The requested cognitive behavioral therapy for 24 sessions, at a frequency of twice per week for 90 days is not medically necessary for treatment of the patient's medical condition.

The requested medical biofeedback training for 24 sessions, at a frequency of twice per week for 90 days is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 11/28/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 12/6/11.
3. Notice of Assignment of Independent Review Organization dated 12/6/11.
4. Medical Records from MD dated 8/5/11.
5. Specific and Subsequent Medical Report from MD dated 10/21/11.
6. Letters from MD dated 11/28/11 and 3/2/11.
7. Facsimile Transmittal Sheet titled BRC Issues from MD dated 11/14/11.
8. Denial documentation dated 11/18/11, 10/26/11 and 7/29/11.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male, who was injured on xx/xx/xx while working as a when he was attacked by an. As a result of the assault, he received multiple injuries including a right biceps tear, a right rotator cuff tear and left knee injuries and left elbow contusion. He has been operated upon twice for surgical repair of his right biceps and right rotator cuff but continues to experience chronic pain. He also presents with progressively severe anxiety, depression and panic attacks which have resulted in multiple emergency room visits. The patient's mental status exam revealed him to have psychomotor retardation, dysphoric mood and affective bluntness and his concentration, insight and judgment were noted to be impaired. The patient endorsed symptoms of nightmares, difficulty sleeping, anger outbursts, panic attacks, hypervigilance, an exaggerated startle response and a sense of numbing and detachment. A letter from the patient's provider, dated 11/28/11, states that the patient has a post traumatic stress disorder with depressive and psychotic features, as well as a chronic severe pain disorder. The provider also stated that the patient has responded to a combination of cognitive behavioral therapy and medical biofeedback training, however he has also required antidepressant and antipsychotic medication to stabilize his explosive and rage behavior. The provider goes on to state that the patient's functional improvement thus far supports treatment that exceeds the Official Disability Guidelines (ODG). The treating psychiatrist has requested authorization for cognitive behavioral therapy and medical biofeedback training for 24 sessions each, at twice per week for 90 days.

The Carrier indicates the requested services are not medically necessary for treatment of the patient's medical condition. Specifically, the Carrier states that the Official Disability Guidelines (ODG) support an initial trial of six visits of cognitive behavioral therapy and do not support biofeedback until a trial of cognitive behavioral therapy has been performed. The Carrier

additionally indicates that the request is excessive and there is no indication that this treatment plan is individualized for this patient.

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

In this patient's case, the requesting psychiatrist states that the patient should be evaluated under Appendix D of the ODG ("Documenting Exceptions to the Guidelines") because he has several co-morbid conditions. However, the introduction to Appendix D of the ODG states that over 99 percent of cases are covered by the ODG. In this patient's case, all of his diagnoses are covered and ODG has recommendations for treatment of them.

The patient's psychiatrist is requesting biofeedback to help this patient with his chronic pain. ODG states, "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 pain, but has chronic shoulder pain, so ODG would not recommend biofeedback in this case. All told, the requested biofeedback is not medically necessary for treatment of this patient's medical condition.

In regard to the patient's diagnoses of combined depression and posttraumatic stress disorder (PTSD), ODG recommends psychotherapy with an initial trial of 6 visits over 6 weeks and a total of 13 to 20 visits over 13 to 20 weeks, when there is evidence of objective functional improvement. Although the treating psychiatrist has indicated, in his letter dated 11/28/11, that this patient has demonstrated improvements, there is no objective evidence provided in the contemporaneous medical records demonstrating that his patient has shown functional improvement. In sum, the requested cognitive behavioral therapy is not medically necessary for treatment of this patient.

Therefore, I have determined the requested cognitive behavioral therapy for 24 sessions, at twice per week for 90 days is not medically necessary for treatment of the patient's medical condition. I have also determined the requested medical biofeedback training for 24 sessions, at twice per week for 90 days is not medically necessary for treatment of the patient's medical condition.

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

- ACOEM- AMERICAN 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)