



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

DATE OF REVIEW: 12/23/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional 6 sessions of individual psychotherapy and 6 sessions of biofeedback therapy.

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

The reviewer is a psychologist licensed by the Texas State Board of Examiners of Psychologists.

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.

An additional 6 sessions of individual psychotherapy and 6 sessions of biofeedback therapy are justified as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Letter of treatment reassessment, prior appeals.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female with damage to her neck and shoulders from a car accident in. She has had surgery (fusion), physical therapy, medication, psychotherapy, and biofeedback. She reports considerable improvement in a variety of symptoms, but is seeking further treatment to continue her progress. Standard of care is that treatment should be discontinued only if the patient ceases to make progress.

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

ODG psychotherapy and biofeedback guidelines are described below.

ODG Psychotherapy Guidelines:

- Initial trial of 6 visits over 6 weeks
- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)

Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. ([Leichsenring, 2008](#))

Biofeedback therapy: Not recommended as a stand-alone treatment, but recommended as an option in a [cognitive behavioral therapy](#) (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. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success.

The patient has had functional improvement by 10-60% on scores of self assessment tools based on the letter from Dr. dated 9/21/10. Based on functional improvement, an additional 6 sessions of psychotherapy with biofeedback therapy are justified as medically necessary.

Denial of additional services to the patient seems to be based on assumptions that: (1) The patient has not shown objective improvement from the 12 sessions of individual psychotherapy and 6 sessions of biofeedback that she has already

received. (2) That biofeedback has not been shown to be effective as a stand-alone treatment. (3) No additional functional improvement is anticipated.

One issue is the meaning of “objective”. While it is easy to see “objective” improvement in an EKG or temperature, there is no objective measure of pain. Pain management relies on the patient’s subjective report. This patient’s clinical record indicates clear and strong support that the patient experiences improvement in pain, irritability, frustration, muscle tension, nervousness, sadness/depression, sleep problems, and forgetfulness. Similarly, the statement that biofeedback alone has not been shown to be effective, ignores the fact that biofeedback in this case, while technically considered “stand-alone”, is actually in conjunction with multidisciplinary treatment. The patient has undergone surgery, physical therapy, psychotherapy (CBT) and medical management in addition to biofeedback. There is ample research support for a Biopsychosocial approach in pain management. Therefore, conclusion (3) that further functional improvement is not anticipated is based on faulty assumptions. The MMPI-2, which the patient did complete, is considered objective, even though it is still based on self-report. It is unlikely that an active woman, eager to be pain free, would elect to continue psychotherapy this long unless it is helpful in reducing her pain and other symptoms.

REFERENCES

1. Yucha, C. & Gilbert, C. (2004) Evidence-Based Practice in Biofeedback and Neurofeedback. Association for Applied Psychophysiology and Biofeedback. Colorado Springs, CO.
2. American Pain Society Bulletin, Volume 14, Number 4, 2004, Steven Sanders, Ph.D. Editor Biofeedback as an Adjunctive Treatment Modality in Pain Management, Robert J Gatchel, Ph.D., ABPP.
3. Biofeedback for Chronic Pain Disorders: A Primer, Arena, John G. and Blanchard, Edward B. In Psychological Approaches to Pain Management, A Practitioner’s Handbook. 2002.
4. Gatchel, R.J. 2005. Clinical Essentials to Pain Management. Washington, D.C. American Psychological Association
5. ODG psychotherapy and biofeedback therapy guidelines



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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



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- 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)**