



IRO# 5356
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Notice of Independent Review Decision

DATE OF REVIEW: 03/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 Biofeedback Therapy Sessions between 01/26/2011 and 03/27/2011

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

This case was reviewed by a Texas licensed PHD, specializing in Psychology. The physician advisor has the following additional qualifications, if applicable:

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
6 Biofeedback Therapy Sessions between 01/26/2011 and 03/27/2011	90901	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request		17	02/18/2011	02/18/2011
2	IRO Request	Injury Clinic	10	02/17/2011	02/18/2011
3	Office Visit Report	MD	2	11/11/2010	11/11/2010
4	Peer Review Report	MD	3	01/21/2010	01/21/2010
5	Psych Evaluation	Injury Clinic	7	05/21/2008	01/31/2011
6	Initial Request	Injury Clinic	4	12/20/2010	02/23/2011
7	Initial/Denial Letter Package		18	01/04/2011	02/01/2011
8	Initial/Denial Letter Package		6	01/04/2011	01/31/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is male who on xx/xx/xx sustained a work related back injury with lower extremity pain complaints. The claimant's submission is by an MS, CRC, LPC. The claimant has been treated with conservative care, medications, a spinal cord stimulator, a work hardening program, 11 sessions of individual psychotherapy, 4 sessions of biofeedback training and 30 sessions of a chronic pain management program. There was no psychological re-assessment of the patient submitted after the patient completed these extensive psychological treatments. The reviewers also noted that "documentation did not indicate a change in the patient's functional status". The request was for 6 additional sessions of biofeedback training. The request was denied and denied again on appeal. The request has been submitted for an IRO level review.

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

The patient has completed 30 sessions of a multidisciplinary chronic pain management program which is usually considered the "end point" of treatment and the patient has not returned to work and continues to take pain medications. There is no assessment of the patient's inability to benefit from this Chronic Pain Management Program and previous individual psychotherapy and biofeedback sessions. This presents a very poor prognosis for the request treatment. Thus, the request is inconsistent with the criterion: "At the conclusion (of a chronic pain management program) and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program)". After a CPMP is completed, patients should be encouraged to function "more independently", to self-manage psychological symptoms and "reducing any ongoing dependency on the interdisciplinary team and services"(Work Loss Data Institute, ODG, Guidelines, 2011; Sanders, S. et.al. Evidence-Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Nonmalignant Pain Syndrome Patients. Pain Practice, 5(4), 2005.). The documentation reports no meaningful functional as a result of these extensive psychological interventions. Thus, the request is inconsistent with ODG which states that additional psychological treatments should only be provided "with evidence of objective functional improvement" from previous psychological treatments. Furthermore, ODG (for biofeedback) also recommend "initial therapy for these "at risk" patients should be physical therapy" and "possibly consider biofeedback referral in conjunction with CBT". The available evidence does not clearly show whether biofeedback's effects exceed non specific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone." (Work Loss Data Institute, ODG, Guidelines, 2011). Therefore, it is determined that the request for 6 additional sessions of biofeedback training is not medically reasonable or necessary. The request for additional biofeedback training was denied on initial and upheld on an appeal level review. IRO recommends that the prior decisions be upheld.

ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) (ODG 2011).

Biofeedback: Not recommended as a stand-alone treatment, The available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. (Work Loss Data Institute, ODG, Guidelines, 2011).

ODG biofeedback therapy guidelines:

Screen for patients with risk factors for [delayed recovery](#), as well as motivation to comply with a treatment regimen that requires self-discipline.

Initial therapy for these "at risk" patients should be [physical therapy exercise](#) instruction, using a cognitive motivational approach to PT.

Possibly consider biofeedback referral in conjunction with CBT after 4 weeks:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective [functional improvement](#), total of up to 6-10 visits over 5-6 weeks (individual sessions)
- Patients may continue biofeedback exercises at home

ODGs state that additional psychological treatments should only be provided "with evidence of objective

functional improvement" from previous psychological treatments (Work Loss Data Institute, ODG, Guidelines, 2011). "There is no quality evidence to support the independent/unimodal provision of CBT for treatment of patient's with chronic pain syndrome". "There is no known effective psychotherapeutic treatment for such disorders (somatoform, mood, or anxiety disorders), per se, when the etiology of symptoms involves a chronic benign pain syndrome" [ACOEM Guidelines (2008). Chapt. 6: Chronic pain; p. 227].

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)