

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: January 5, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy once a week for six weeks; Biofeedback Therapy once a week for six weeks. CPT Codes: 90901 and 90806.

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

GENERAL AND FORENSIC PSYCHIATRIST
BOARD 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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Injury 1 07/08/11, 10/12/11
- M.D., 10/13/11
- Behavioral Health Treatment, 10/26/11

- Health, L.L.C., 10/13/11
- 10/31/11, 11/16/11
- M.D., 11/09/11
- IMO, 11/30/11
- Request for a Review by an Independent Review Organization, 12/12/11

Medical records from the Provider include:

- Injury 1, 07/08/11, 10/12/11, 10/26/11, 11/09/11
- M.D., 10/13/11
- 10/31/11
- IMO, 11/30/11

PATIENT CLINICAL HISTORY:

I am going to partially overturn the findings. I am going to support the six sessions of individual psychotherapy once a week for six weeks, but I do not authorize the biofeedback therapy once a week for six weeks.

The patient fell 20 feet onto concrete while working on a roof and sustained multiple orthopedic traumas. There reportedly was not a report of loss of consciousness. However, the patient did not ambulate at the scene, and it is his reporting of frequent headaches, lightheadedness, dizziness, memory problems, visual problems, and weakness.

The patient was initially referred in July of 2011 by his treating physician for a behavioral health evaluation. There was recommendation for a neuropsychological evaluation, which was not authorized and is reportedly in the process of being disputed as far as the extent of injury.

The patient was re-referred by his treating physician in November of 2011 due to a deteriorating mental state. There were a number of psychological measures administered at the initial evaluation, which suggested post traumatic stress disorder and possible mild cognitive problems. Additionally, there were tests administered, such as the Beck Anxiety Inventory and Beck Depression Inventory. In the PTSD checklists over the time period from the initial assessment to the subsequent visit, these measures had generally worsened. There had been no psychological treatment rendered. The evaluator diagnosed a mood disorder due to head trauma, with depressive features; post traumatic stress disorder, chronic; pain disorder associated with both psychological features and a general medical condition. The evaluator recommended a trial of cognitive behavioral therapy and a trial of biofeedback therapy, both of which were not authorized.

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

The patient clearly has depressive and anxiety symptoms based on the submitted evaluation, as well as symptoms of a post traumatic stress disorder. The ODG does support cognitive behavioral therapy for post traumatic stress disorder, and a trial of six visits over six weeks is within the guidelines.

As the patient has not started to participate in the cognitive behavioral therapy and there is uncertainty as to the exact nature and source of his mild cognitive problems, persistent headaches and dizziness, the biofeedback therapy is not supported.

According to the ODG, the 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, and possibly consider biofeedback referral in conjunction with CBT after four weeks. The submitted notes do not indicate whether the patient has participated in physical therapy exercise instruction with a cognitive motivational approach. Furthermore, the patient has not initiated cognitive behavioral therapy, which is required prior to initiating biofeedback.

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)