



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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Notice of Independent Review Decision

**DATE OF REVIEW:** 5/13/2012

**IRO CASE #:**

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

Psychotherapy 1x4 and Biofeedback Therapy 1x4.

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

M.D. Board Certified in Psychiatry and Addiction 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	4/23/2012
Adverse Determination Letters	4/11/2012-3/23/2012
Request for Preauthorization	4/12/2012
Office Visit Note	9/19/2011
Individual Psychotherapy Treatment	3/20/2012
Health Treatment Preauthorization Requests	3/20/2012-4/04/2012



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Solutions Peer Review Reports	3/21/2012-4/09/2012
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**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a woman who sustained a soft tissue injury to her knee at work on xx/xx/xx. She underwent surgery, post-op therapy, pharmacotherapy with analgesics and muscle relaxers, work hardening exercises, and 4 sessions of psychotherapy with biofeedback. The 4 sessions of psychotherapy with biofeedback did not show an objective measure of improvement in function, and mixed results in subjective symptoms: pain perception went from a 10 to 7, some improvement in anxiety, but marked worsening of depression.

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

Further psychotherapy with biofeedback is not indicated, as there was no demonstrable functional improvement after the first 4 sessions. In general, for patients experiencing injury followed by chronic pain and limitations, if they do not improve within a year, depression starts to set in, linked to the growing realization that modern medicine has not restored their function and relieved their suffering (i.e. the “learned helplessness model of depression”) – which would explain this patient’s worsening depression a year and 8 months after the injury.

**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