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Notice of Independent Review Decision

**January 21, 2014**

**IRO CASE #:**

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

Biofeedback therapy one time a week for four weeks and individual psychotherapy one time a week for four weeks

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

Board Certified Psychiatrist

**REVIEW OUTCOME:**

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Office visit (10/22/13)
- Utilization reviews (10/30/13, 12/17/13)
  
- Office visit (10/22/13)
- Utilization reviews (10/30/13, 12/17/13, 12/18/13)
  
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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who on xx/xx/xx, sustained a work-related injury to her knee. She was walking up a flight of stairs when her knee became twisted.

On October 12, 2013, requested psychological evaluation, individual counseling, biofeedback, testing and treatment and biofeedback therapy.

On October 22, 2013, performed a Health And Behavioral Reassessment to assess the emotional status and to determine the relationship to the work incident. had requested assistance with development of a realistic treatment plan to expedite the patient's recovery, including determining her suitability for some level of behavioral medicines treatment and/or return to work program. Per the history of presenting problem and resulting treatment following treatment history was noted: *"The patient states that she sustained a work-related injury to her knee on xx/xx/xx. She reports that while at work, she was walking a first flight of stairs when her knee became twisted. She first reported the injury on day the injury occurred xx/xx/xx. She first sought medical treatment on December 11, 2011, with a company doctor. The doctor prescribed her Motrin and ordered physical therapy (PT). She later underwent x-rays and a magnetic resonance imaging (MRI) of her knee. After completing PT, she underwent surgery on her knee on May 8, 2012. She has completed 12+ sessions of postoperative PT. She had been following up with pain management monthly. She completed 14 sessions of PT. She was recommended further chronic pain management program, but she was denied at the IRO. She is currently waiting for approval for a second knee surgery."* The patient self rated her pain on a scale of 1 to 10 with 10 being the worst as 6/10. She described her pain as constant, stabbing pain in her right knee. She was off work and was still recovering from the surgical procedure she underwent the previous month. She reported that she had a left knee injury in xxxx. She also had undergone several surgeries to include C-section and hysterectomy, foot surgery on the left foot and bladder surgery. She had been in and out of counseling for depression and she was diagnosed as bipolar in xxxx and was treated for it until about xxxx. She had been prescribed lithium and Prozac although she was not taking those medications currently and had not. She reported no current or past history of suicidal ideation/homicidal (SI/HI). She reported that had never been hospitalized for psychiatric issues. She had head injury from a car accident in xxxx. The head injury gave her a concussion, but there were no lingering effects from the injury. Prior to the injury of xx/xx/xx, she appeared to be functioning independently with no negative contributing factors to her work productivity. Prior to the work injury, she estimated that her overall level of functioning was 100%. Currently she estimated her overall level of functioning to be 60%. Her mood was dysthymic and her affect was appropriate to content. She had scored 27 on Beck Depression Inventory II (BDI II) indicating moderate depression. She scored 24 on Beck Anxiety Inventory (BAI) reflecting mild anxiety. Her responses on the Fear Avoidance Beliefs Questionnaire (FABQ) showed nonsignificant fear avoidance of work (FABQ-W = 26) as well as significant Fear Avoidance of Physical Activity In General (FABQ-CA = 19). She was diagnosed with major depressive disorder, single episode, chronic; pain disorder associated with both psychological factors and a general medical condition, chronic. Mr. noted that the patient was having difficulties with her injury related circumstances. She was endorsing significant elevations of moderate to severe levels on the VAS appraisals to include pain, irritability, anger, muscle tension, worry, depression, sleep problems, and forgetfulness. Further, she

endorsed the scales of fear avoidance for both physical activity and work. Given that and her duration of disability, she fell into the “at risk” category for recovery. The ODG recommended approach in those cases was to address the negative symptoms behaviorally. Thus, it was recommended that the patient be immediately authorized for four sessions of IPT and four sessions of biofeedback.

Per utilization review dated October 30, 2013, the request for individual psychotherapy one time a week for four weeks and biofeedback therapy one time a week for four weeks was denied based on the following rationale: *“The requested individual psychotherapy one time a week for four weeks is noncertified. The clinical documentation submitted for review indicates that the patient previously participated in individual psychotherapy for 14 sessions. The efficacy of that treatment was not supported by clinical documentation. Therefore, continuation of the treatment modalities would not be indicated. There was no evidence of clinical objective improvement as a result of the previous therapy. As such, the requested individual psychotherapy one time a week for four weeks (90837) is noncertified. Official Disability Guidelines (ODG) guidelines do not recommend biofeedback as a standalone treatment, but it is recommended as an option in a cognitive behavioral therapy program. As the concurrent request for individual psychotherapy treatment is not certified, biofeedback therapy would not be indicated. As such the requested biofeedback therapy one time a week for four weeks (9090) is noncertified “*

On November 12, 2013, a reconsideration request was sent. felt that the biofeedback therapy was intended to reduce anxiety, hypersensitive nervous system arousal, unnecessary muscle bracing and guarding to improve synergistic muscle relationships. In addition, goals of biofeedback were to improve inhibited muscle activities as necessary and to reduce hyper irritable muscle function as detected. The patient self rated her pain as 6/10. She described her pain as constant stabbing pain in her right knee. It interfered with her recreational, social and familial activities. Since the injury, she had difficulty with many activities of daily living to include household chores, yard work, cooking, exercising, driving, sitting, standing, walking, bending, squatting, lifting and climbing stairs. Prior to the work injury, she estimated that her overall level of functioning was 100%. Currently, she estimated her overall level of functioning to be 60%. She indicated that her appetite had been fluctuating and so had her weight.

Per reconsideration review dated December 17, 2013, the appeal for reconsideration of biofeedback therapy one time per week for four weeks was denied based on the following rationale: *“based on the clinical information provided, the appeal of biofeedback therapy one time per week for four weeks (90901) is not recommended as medically necessary. Per telephonic consultation the patient has completed 14 sessions of individual psychotherapy without significant improvement. There is no evidence of functional improvement.”*

Per reconsideration review dated December 18, 2013, the appeal for biofeedback therapy one time per week for four weeks and individual psychotherapy one time a week for four weeks was denied based on the following rationale *“Biofeedback*

*therapy is supported only with evidence of objective functional improvement after an initial trial of individual psychotherapy. Given the lack of improvement and with initial course of psychotherapy biofeedback is not supported.” Per telephonic consultation the patient has completed 14 sessions of individual psychotherapy without significant improvement. There is no evidence of functional improvement. Current evidence based guideline support ongoing individual psychotherapy only with evidence of objective functional improvement. Given the lack of documented improvement with prior psychotherapy, efficacy of treatment is not established and additional psychotherapy is not supported.”*

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

Information in the record relates that this patient has already undergone 14 sessions of individual psychotherapy. The patient changed her pain score from 6 to 7, irritability and frustration from 10 to 7, anxiety from 8 to 7 and depression from 9 to 8. These are very modest gains after 14 sessions. Biofeedback was not performed during this course of treatment. However, the patient did complete a regimen of prescribed physical therapy as well, following knee surgery. She was denied entry into a chronic pain management program.

A request was made for 4 additional sessions of IPT + biofeedback. This request has apparently been denied on two separate occasions. ODG has specific guidelines for biofeedback. The guidelines state that the patient should have initial therapy with physical therapy using a cognitive therapy approach. This patient has already completed her PT post surgery. ODG states that biofeedback can then be considered in conjunction with CBT after 4 weeks if there is objective evidence of functional improvement with 3 to 4 sessions of IPT over 2 weeks. If there is objective improvement, a total of up to 6 to 10 visits over 5-6 weeks can be authorized.

This patient has already completed 14 sessions of IPT, so she has already received in excess of the total number of sessions of IPT generally approved. Her gains were extremely modest, even at that.

Thus, there is no clear and convincing evidence that any additional sessions of IPT with or without biofeedback would be of any benefit to this patient. Therefore, the denial of services is upheld.

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**