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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: medical biofeedback 90901 2xWkx90 days-24 visits, medical group psychotherapy 90853 1xWkx90 days-12 visits and cognitive behavioral therapy 90837 2xWkx90 days-24 visits

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for medical biofeedback 90901 2xWkx90 days-24 visits, medical group psychotherapy 90853 1xWkx90 days-12 visits and cognitive behavioral therapy 90837 2xWkx90 days-24 visits is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. Psychiatric evaluation dated xxxxx indicates that the patient developed severe depression with suicidal ideation and elaborate planning. There is psychomotor retardation and dysphoric mood as well as affective bluntness. He also describes feelings of terror or panic, blurred vision, nightmares, excessive sweating, feelings that his personality has changed and recurrent thoughts about his injury. Diagnoses are posttraumatic stress disorder; mood disorder with depressive features and suicidal ideation; and dementia due to electrical injury. Note dated 01/17/13 indicates that the patient reported he has relapsed in multiple ways, including the redevelopment of absolute insomnia. Designated doctor examination dated 11/25/13 indicates that the patient requires 24/7 care and is unable to be left alone. Specific and subsequent medical report dated 03/19/14 indicates that the patient continues to have post-ESI petit mal seizures occurring 3-4 times daily. Patient has received continuous 24/7 home health care since mid-2013. Medications are listed as Deplin, Cymbalta, Saphris and Zaleplon.

Initial request for Medical biofeedback 90901 2 x wk x 90 days 24 visits medical group psychotherapy 90853 1 x wk x 90 days 12 visits cognitive behavioral therapy 90837 2 x wk x 90 days 24 visits was non-certified on 03/25/14 noting that the patient has a traumatic brain injury that has resulted in petit mal seizures of up to 3-4 per day. The records for review confirm that this has been stable since at least October 2013. The patient is attending biofeedback. There is no evidence in the records that additional functional improvement has

been achieved since October 2013. There is no reason that biofeedback exercises cannot be continued at home.

The patient has undergone an undisclosed number of visits of cognitive behavioral therapy since 2011. The guidelines suggest that cognitive behavioral therapy may be appropriate up to 50 visits for PTSD provided that there is evidence of symptom improvement at each visit. Since October 2013 there is no evidence of ongoing symptom improvement. A plateau has been reached. A plateau has been reached with group psychotherapy as well. The denial was upheld on appeal dated 04/08/14 noting that objective functional improvement has not been provided. This is needed to clarify whether this patient has the capacity for benefit and functional improvement with intensive psychotherapy given his cognitive impairment and daily frequent seizure activity.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained significant injuries on xx/xx/xx and has undergone extensive psychological treatment to include biofeedback, group psychotherapy and cognitive behavioral therapy. The number of sessions completed to date of each modality is not documented. The submitted records indicate that the patient has plateaued in treatment. There are no recent objective measures of improvement provided to establish efficacy of treatment and support ongoing psychological treatment. The request is excessive as it does not allow for adequate reassessment to monitor the patient's progress. As such, it is the opinion of the reviewer that the request for medical biofeedback 90901 2xWkx90 days-24 visits, medical group psychotherapy 90853 1xWkx90 days-12 visits and cognitive behavioral therapy 90837 2xWkx90 days-24 visits is not recommended as medically necessary.

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

ACOEM-AMERICA 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)