

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Feb/25/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Individual psych 1x4 weeks and biofeedback therapy 1x4 weeks (EMG, PNG, TEMP)

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

**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 requests for individual psych 1x4 weeks and biofeedback therapy 1x4 weeks (EMG, PNG, TEMP) is not recommended as medically necessary.

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

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 01/16/14, 01/29/14

Individual psychotherapy treatment reassessment summary dated 01/09/14

Reconsideration request dated 01/27/14

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. Per individual psychotherapy treatment reassessment summary dated 01/09/14, the patient completed 12 sessions of active rehabilitation and 4 sessions of individual psychotherapy. Medications are listed as Naproxen and Norco. Diagnoses are major depressive disorder, single episode, mild; anxiety disorder nos; and somatic symptom disorder, with predominant pain, persistent, moderate. Pain level decreased from 9 to 8/10, irritability remained 9/10, frustration remained 10/10, muscle tension decreased from 10 to 9/10, anxiety remained 10/10. BAI increased from 29 to 36 and BDI from 16 to 36.

Initial request for individual psychotherapy 1 x 4 weeks and biofeedback therapy 1x4 weeks was non-certified on 01/16/14 noting that stated the patient has shown some improvement. He acknowledged the increase in depression and anxiety symptoms. He stated that the claimant is not working. ODG guidelines recommend continued cognitive behavioral therapy if there is evidence of objective functional improvement. It is unclear what objective improvement has occurred as a result of the initial treatment. The claimant remains off of work and there are no physical findings to support functional improvement. Reconsideration dated 01/27/14 indicates that the patient has been very compliant. He comes to all of his appointments and actively participates. During the course of therapy his uncle committed suicide which was a major setback for the patient. The denial was upheld on appeal dated 01/29/14 noting that the patient has experienced a worsening of symptoms that appears

coincident with the death of an uncle, not related to the original injury. He is diagnosed with major depression, but there is no antidepressant in use for this gentleman.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** Per treatment note dated 01/09/14, the patient has completed 4 sessions of individual psychotherapy to date. Pain level decreased from 9 to 8/10, irritability remained 9/10, frustration remained 10/10, muscle tension decreased from 10 to 9/10, anxiety remained 10/10. BAI increased from 29 to 36 and BDI from 16 to 36. The Official Disability Guidelines support additional individual psychotherapy only with evidence of objective functional improvement. Additionally, the patient has been diagnosed with major depressive disorder; however, there is no indication that the patient has been assessed for or prescribed antidepressant medication. The Official Disability Guidelines note that the gold standard of treatment is a combination of individual psychotherapy and medication management. Given the lack of psychotropic medication use and lack of significant progress with individual psychotherapy completed to date, the request for ongoing individual psychotherapy is not indicated as medically necessary. As such, it is the opinion of the reviewer that the requests for individual psych 1x4 weeks and biofeedback therapy 1x4 weeks (EMG, PNG, TEMP) 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)