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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/23/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: individual psychotherapy 1 x wk x 6 wks and biofeedback therapy 1 x wk x 6 wks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Family Medicine

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 individual psychotherapy 1 x wk x 6 and biofeedback therapy 1 x wk x 6 wks is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. Initial behavioral assessment dated 03/06/15 indicates that the patient was walking to her car after work when she saw someone running towards her out of the corner of her eye. He tried to take her purse. The next thing she remembers is being on the ground holding her left arm in great pain and screaming as she was afraid he was going to kill her. The assailant was subsequently caught and confessed. Diagnoses are posttraumatic stress disorder with panic attacks and major depressive disorder, single episode, moderate with anxious distress. Individual psychotherapy treatment reassessment summary dated 07/15/15 indicates that the patient completed 6 individual psychotherapy sessions. Pain remains 1/10. Irritability decreased from 6 to 5, frustration from 9 to 8, muscle tension 5 to 2, anxiety 8 to 7, depression 6 to 3. BAI increased from 26 to 31 and BDI decreased from 23 to 17. Current medications are ibuprofen and sertraline.

Initial request for individual psychotherapy and biofeedback was non-certified on 08/10/15 noting that the patient would be a candidate for biofeedback therapy; however, the request exceeds the guideline recommendations. Reconsideration request dated 08/07/15 indicates that the National Center for PTSD suggests that treatment incorporate cognitive behavioral therapy as well as biofeedback therapy. The denial was upheld on appeal dated 09/01/15 noting that the request for biofeedback therapy 1 time a week for 6 weeks exceeds the guideline recommendation of 3 to 4 visits over 2 weeks. It is also noted that for biofeedback therapy guidelines, initial therapy for these at risk patients should be physical therapy exercise instruction. According to the documentation, there is no previous physical therapy that has been tried and failed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient was involved in a robbery

while leaving work and has completed 6 individual psychotherapy sessions to date. The patient has improved with individual psychotherapy and 6 additional sessions would be appropriate in accordance with the Official Disability Guidelines. However, the Official Disability Guidelines note that initial therapy for these “at risk” patients should be physical therapy exercise instruction. There is no indication that this patient has received physical therapy exercise instruction. The Official Disability Guidelines would support an initial trial of 3-4 visits over 2 weeks. The current request for 1 biofeedback session over 6 weeks exceeds Official Disability Guidelines recommendations. As such, it is the opinion of the reviewer that the request for individual psychotherapy 1 x wk x 6 and biofeedback therapy 1 x wk x 6 wks is not recommended as medically necessary and the prior denials are upheld.

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)