

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	12/14/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0089-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization for biofeedback for three modalities (EMG, PNG, TEMP) one time per week for six weeks.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 12/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Biofeedback for three modalities (EMG, PNG, TEMP) one time per week for six weeks was not medically necessary.

CLINICAL HISTORY:

The injured individual is a male with a chronic back and right arm pain despite conservative care. He has not had injections. The chiropractor is now requesting PPA testing and biofeedback for six sessions to address his ongoing pain and to learn coping skills. The injured individual is taking Motrin and has not apparently tried any other medications; he has not had injections; and the efficacy of biofeedback is unproven at best.

REFERENCE:

Bonica JJ. Ed. The Management of Pain. Third Edition. Copyright 2000.

RATIONALE:

The injured individual is a male with date of injury _____. The injured individual has neck, right shoulder, and low back pain. The injured individual has had chiropractic care, physical therapy (PT), and individual psychiatry. He did improve as far as his depression and anxiety but his pain did not. He takes only Motrin. He has not had any injections although his MRI showed

protrusions at L4-S1 but his electromyogram (EMG) was negative. His chiropractor has requested psychophysiological profile assessment (PPA) testing and six sessions of biofeedback. Biofeedback has no proven efficacy and no high grade evidence to support its effectiveness according to ACOEM guidelines.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 10/04/05
- MR-117 dated 10/04/05
- MR-100 dated 09/20/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 11/29/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 10/04/05
- Genex: Texas Outpatient Non-Authorization Recommendation dated 07/29/05 from Bill Kissentaner, R.N.
- Genex: Texas Outpatient Reconsideration Decision: Non-Authorization dated 08/11/05 from Bill Kissentaner, R.N.
- Flahive, Ogden & Latson: Letter dated 10/12/05 from Charles Finch
- Flahive, Ogden & Latson: Letter dated 09/29/05 from S. Rhett Robinson
- Texas Health: Requestor's Position Regarding Pre-Authorization dated 09/12/05 from Lieu "Michelle" Vuong, Ph.D
- U.S. Postal Service: Delivery Confirmation Receipts dated 10/10/05, 09/12/05
- Texas Health: Reconsideration Request for Behavioral Health Treatment dated 08/05/05 from Claudia Ramirez, MA, LPC-Intern
- Texas Health: Request for Behavioral Health Treatment dated 07/25/05 from Claudia Ramirez, M.A., LPC-Intern
- Texas Health: Biofeedback Plan & Goals of Treatment dated 07/25/05 from Claudia Ramirez, M.A., LPC-Intern
- Texas Health: Behavioral Health Treatment Preauthorization Requests dated 08/05/05, 07/25/05
- Genex: Texas Outpatient Non-Authorization Recommendation dated 07/29/05 from Bill Kissentaner, R.N.
- Genex: Texas Outpatient Non-Authorization Recommendation dated 07/29/05 from Bill Kissentaner, R.N.
- Texas Health: Initial Behavioral Medicine Consultation dated 04/08/05 from Claudia Ramirez, MA, LPC-Intern and Phil Bohart, MS, Licensed Professional Counselor
- Texas Health: Patient information form dated 03/25/05
- North Dallas Advanced Diagnostics: Electrodiagnostic Studies dated 03/24/05
- Texas Health: Undated Patient Face Sheet
- Genex: Texas Utilization Review Reconsideration & Appeals Procedure (revised 05/03)

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

14th day of December 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____