

# US Decisions Inc.

An Independent Review Organization  
9600 Great Hills Trail Ste 150 W  
Austin, TX 78759  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: manager@us-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

Signed electronically on: Dec/03/2012

**DATE NOTICE SENT TO ALL PARTIES:** Dec/03/2012

**IRO CASE #:**

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

Medical biofeedback training 2xWk x 12 Wk and Medical group psychotherapy 1xWk x 12 Wk and Cognitive Behavioral Therapy 2xWk x 12 Wks

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

M.D., Board Certified Psychiatrist

**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 training 2xWk x 12 Wk and Medical group psychotherapy 1xWk x 12 Wk and Cognitive Behavioral Therapy 2xWk x 12 Wks is not medically necessary at this time.

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

ODG - Official Disability Guidelines & Treatment Guidelines  
Medical records dated 01/27/11-10/24/12  
New patient evaluation 07/03/12  
Neuropsychological evaluation dated 08/29/12  
Neuropsychological testing dated 09/12/12  
New patient consultation 09/19/12  
Report of medical evaluation dated 10/04/12  
Utilization review determination dated 10/29/12  
Utilization review determination dated 11/09/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male . The mechanism of injury is described as an electrical shock injury. The patient complained of chest pains, speech changes which lasted for about 4 months including stuttering, numbness in the left leg and foot which lasted for about 5 months and numbness in the right hand. The patient was also noted to have undergone spasms in his

jaw as well as facial disorientation. Psychiatric evaluation dated 01/27/2011 indicates that the patient complains of severe anxiety, depression with suicidal ideation and planning as well as cognitive impairment. Diagnoses are listed as posttraumatic stress disorder; mood disorder with depressive features and suicidal ideation secondary to electrical shock injury; and dementia due to electrical injury. Narrative report dated 08/17/11 indicates that current treatment plan includes cognitive behavioral therapy, medical group psychotherapy and medical biofeedback training. The patient continues to have significant cognitive deficits. Letter dated 02/09/2012 indicates that the patient's case will be complicated orthopedically by the fact that he also presents with diabetes, coronary artery disease, and obesity in addition to the electric shock injury. Note dated 04/12/2012 indicates the patient forgot that the stove was on, provoking a kitchen fire while at home alone. The patient also locked himself out of the house on multiple occasions and has frequent falls including off of a 6 foot retaining wall. Initial evaluation dated 08/29/12 indicates that the patient does not believe that he requires the level of supervision and assistance, which is provided to him and discussed his belief that he could return to work if allowed.

The patient loaded a weapon and wrote a suicide note, but his wife found him and sought assistance. Neuropsychological evaluation dated 09/12/12 indicates that medications include Amlodipine-Benaz, Cymbalta, Deplin, Ecotrin, Gemfibrozil ER, Lexapro, Metformin, Metoprolol, Plavix, Saphris and Trazodone. The patient's results on MMSE indicate that he is below the cutoff for gross cognitive deficits with a score of 15 out of 30, cutoff for deficits is 23. Test battery indicates that the patient's cognitive deficits are in the severe range and will interfere with all areas of functioning. Designated doctor evaluation dated 10/04/12 indicates that the patient has a caregiver 48 hours per week, and they are currently arranging for 24-hour care due to his cognitive deficits. The patient reached statutory MMI on 06/11/12 with 52T whole person impairment.

Initial request for medical biofeedback training 2xWk x 12 Wks and Medical group psychotherapy 1xWk x 12 Wks and Cognitive Behavioral Therapy 2xWk x 12 Wks was non-certified on 10/29/12 noting that the patient has completed at least 50 sessions of psychological treatment with Dr. per the submitted records. Ongoing treatment at this time is in excess of ODG recommendations. Evaluation dated 08/29/12 indicates that the patient does not believe that he requires the level of supervision and assistance which is provided to him and discussed his belief that he could return to work if allowed. The patient's objective, functional response to treatment completed to date is not documented to establish efficacy of treatment. There are no specific, time-limited treatment goals provided. The request is grossly excessive. Per telephonic consultation with Dr, he says the patient is about to have surgery. He is adamant that all 12 weeks of treatment are needed. He says the patient is obsessed about going back to work. In response to a question regarding what will happen if the patient has surgery, Dr. noted that therapy would continue unchanged, which suggests that this is not an individualized treatment plan. The denial was upheld on appeal dated 11/09/12 noting that the patient has completed at least 50 sessions of psychological treatment with Dr. per the submitted records. Ongoing treatment at this time is in excess of ODG recommendations. Evaluation dated 08/29/12 indicates that the patient does not believe that he requires the level of supervision and assistance which is provided to him and discussed his belief that he could return to work if allowed. The patient's objective, functional response to treatment completed to date is not documented to establish efficacy of treatment. There are no specific, time-limited treatment goals provided. The request is grossly excessive. There is insufficient information to support a change in determination, and the previous non-certification is upheld.

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

The patient has completed at least 50 sessions of psychological treatment with Dr. however, the patient's response to these sessions is not documented to establish efficacy of treatment and support additional sessions beyond ODG recommendations. As noted by the previous reviewers, there are no specific short and long-term goals provided. Evaluation dated 08/29/12 indicates that the patient does not believe that he requires the level of supervision and assistance which is provided to him and discussed his belief that he could return to work if allowed. It is the opinion of the reviewer that the request for Medical biofeedback training

2xWk x 12 Wk and Medical group psychotherapy 1xWk x 12 Wk and Cognitive Behavioral Therapy 2xWk x 12 Wks is not medically necessary at this time.

**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)