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Notice of Independent Review Decision

DATE OF REVIEW: 05/27/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Individual Psych sessions x 24 sessions (twice weekly for 90 days)
CPT-90806 & Biofeedback x 24 sessions (twice weekly for 90 days) CPT-90901

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

Diplomate, American Board of Pain Medicine
Diplomate, American Board of Psychiatry and Neurology in Psychiatry
Diplomate, American Board of Quality Assurance and Utilization Review
American Society of Addiction Medicine
Health and Human Services certification for outpatient Suboxone detoxification.

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. M.D., 12/17/08, 12/24/08, 04/16/09, 08/04/09, 03/22/10, 11/30/09, 05/05/10
2. Handwritten letter, no date
3. M.D., 01/20/10
4. Orthopedics, 03/18/10, 05/05/10
5. 05/21/10
6. 05/24/10
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant in his late 50s had an injury xx/xx/xx and 11 subsequent surgeries. He is significantly depressed. He is taking Requip, Seroquel, Invega, Citalopram, and Amrix. He is diagnosed with a major depressive disorder single episode with psychotic features, chronic habituation to opioids, cognitive disorder due to opiate use and reflex sympathetic dystrophy. He apparently no longer spends time in a dark room rocking back and forth as he did for 5 years. Subsequent and specific medical report forms document that psychotherapy and medical biofeedback are occurring. Multiple psychiatric medications are being taken. These include atypical antipsychotics in an antidepressant a tricyclic muscle relaxant and a dopamine agonist. Most recent subsequent and specific medical reports start in April of 2009. Group therapy shows up in March of 2010. Group therapy is to facilitate constructive social behavior after prolonged and extreme emotional withdrawal and isolation. There is a letter from the claimant's wife that the claimant is improving. Initial psychiatric evaluation was December 17, 2008. Claimant required 10 LEFT index finger surgeries and eventual amputation. He was in psychiatric treatment but this was interrupted and the claimant transferred care December 17, 2008. At that time he was unable to drive because of severe mental status complications. Most recently medical records from Dr. revealed the claimant underwent carpal tunnel surgery. He apparently was cooperative, cognizant, and goal-directed with regard to that process. Most recent specific and subsequent medical report documents that the claimant refused group therapy.

May 10, 2010 utilization review letter does not have a reason for the denial, clinical basis her source used for the determination, guideline, or physician advisor name or specialty and license number. May 21 2010 physician advisor report from utilization review documents a Dr. no longer wanted group therapy or Psychological testing. It was documented that apparently another surgery was to be done at the treating Dr. did not know when it would be. ODG guidelines for psychotherapy and biofeedback were quoted. Board-certified psychiatrist Dr. reviewed the case.

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

There is no documentation as to how biofeedback x 24 sessions would change the treatment plan. Therefore, it would not be medically necessary. Individual psychotherapy without medication management session x 24 sessions is being requested (90806), and based on the medical records available for review and the **Official Disability Guidelines**, there is no medical necessity for 90806 individual psych sessions x 26, 90901 biofeedback training x 26.

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

Official Disability Guidelines

ODG biofeedback therapy guidelines:

Screen for patients with risk factors for [delayed recovery](#), as well as motivation to comply with a treatment regimen that requires self-discipline.

Initial therapy for these “at risk” patients should be [physical therapy exercise](#) instruction, using a cognitive motivational approach to PT.

Possibly consider biofeedback referral in conjunction with CBT after 4 weeks:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective [functional improvement](#), total of up to 6-10 visits over 5-6 weeks (individual sessions)
- Patients may continue biofeedback exercises at home

ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain:

Screen for patients with risk factors for [delayed recovery](#), including fear avoidance beliefs. See [Fear-avoidance beliefs questionnaire <low back.htm>](#) (FABQ).

Initial therapy for these “at risk” patients should be [physical therapy](#) for [exercise](#) instruction, using a cognitive motivational approach to PT.

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective [functional improvement](#), total of up to 6-10 visits over 5-6 weeks (individual sessions)

With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow guidelines in ODG [Mental/Stress Chapter <stress.htm>](#), repeated below.

ODG Psychotherapy Guidelines:

- Initial trial of 6 visits over 6 weeks
- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)

Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. ([Leichsenring, 2008](#))