
IRO REVIEWER REPORT TEMPLATE –WC

DATE OF REVIEW:

04/10/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Authorization of continuation of rehabilitation services.

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

Doctor of Osteopathy, Boarded in Anesthesiology, Specializing in Pain Management

REVIEW OUTCOME

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Deny continued physical therapy (PT) rehabilitation sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated
- MCMC: Referral dated 03/23/07
- DWC: Confirmation of Receipt of a Request for a Review dated 03/20/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 03/22/07 from
- DWC: Notice to Utilization Review Agent dated 03/22/07 from
- LHL009: Request For A Review By An Independent Review Organization dated 03/19/07
- Adverse Determination Letter dated 03/14/07 from RN
- Institute: Letters dated 03/05/07, 02/08/07 from M.D.
- Pre-Authorization Determination Letter dated 02/27/07 from RN
- Preauthorization Request dated 02/21/07
- Physical Rehabilitation: Progress Evaluations dated 02/08/07 (two - one with date of 12/20 scratched out)
- Institute: Follow Up Examination letters dated 02/08/07, 01/18/07, 12/12/06, 06/01/06 from M.D.
- Patient Follow-up Information dated 02/08/07
- Institute: Letter dated 01/26/07 (first page only)

- Institute: Operative Reports dated 01/03/07, 12/18/06, 07/06/06, 05/17/06 from M.D.
- Radiology Associates: MRI lumbar spine dated 05/20/06
- Institute: Initial Consultation dated 05/05/06 from M.D.
- Lumbar-Phase #1-Therapeutic Exercise record dated 12/20 through 02/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury . The injured individual had PT recommended by this attending physician (AP) at his original consult. This consult does not state if prior PT had been done. She then had epidural steroid injections (ESIs) and trigger point injections (TPIs) to her lumbar area with temporary relief. She had continuation of PT noted in 06/2006 with more PT in 12/2006. Despite all this treatment, her pain scores remained 6/10, her range of motion (ROM) remained limited, her strength remained 4-/5, and her radicular symptoms remained positive. The AP is requesting another round of PT.

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

The injured individual is a female with date of injury . The injured individual had PT in 05/2006, continued in 06/2006, and again in 12/2006. She also had ESIs and TPIs to her lumbar area during this time. Despite all this treatment, her pain scores as of 02/2007 remained 6/10, her ROM remained limited, her strength remained 4-/5, and her radicular symptoms remained positive. There is no indication to continue with PT as the injured individual has had months of PT already combined with more aggressive treatment with no obvious improvement. Also, her injury at this point is eighteen months old and she should be capable of a home exercise program (HEP) based on the extent of treatment rendered thus far.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS****PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

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