



DATE OF REVIEW: 4/30/07

MDR TRACKING #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the appropriateness of the previously denied request for twelve sessions of physical therapy for the lumbar area.

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

Texas licensed chiropractor.

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)

Previously denied request for twelve sessions of physical therapy for the lumbar area.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheets/Comments/Notes/Authorization Requests dated 4/23/07, 4/23/07, 4/11/07, 3/20/07, 3/19/07, 3/16/07, 1/29/07, 1/19/07, 1/3/07, (unspecified date), 13 pages.
- Fax Transmission Verification Reports dated 3/16/07, 1/29/07, 1/3/07, 3 pages.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO dated 3/19/07, 1 page.
- Company Request for IRO dated 3/19/07, 4 pages.

- Pre-Authorization Request dated 2/9/07, 2/6/07, 1/29/07, 1/9/07, 1/3/07, 11/13/06, 6 pages.
- Request Form Request for a Review by an Independent Review Organization dated 3/16/07, 1 page.
- Forms (unspecified date), 2 pages.
- Notice to CompPartners, Inc. of Case Assignment dated 3/20/07, 1 page.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 3/20/07, 1 page.
- Initial Evaluation Report dated 12/27/06, 3 pages.
- Reconsideration Report/Letter dated 1/29/07, 1 page.
- Medical Dispute Resolution dated 3/16/07, 2 pages.
- Lumbar Spine MRI dated 9/20/06, 1 page.
- Lumbar Spine X-Ray dated 8/9/06, 1 page.
- Right Knee X-Ray dated 8/25/06, 1 page.
- MRI Patient Questionnaire Form (unspecified date). 1 page.
- Follow-Up Visit Report dated 3/22/07, 1/25/07, 10/19/06, 8 pages.
- Electromyogram and Nerve Conduction Studies Report dated 1/12/07, 3 pages.
- Worker's Compensation Progress Note dated 11/6/06, 10/23/06, 1/9/06, 9/25/06, 9/13/06, 9/6/06, 8/25/06, 8/21/06, 8/14/06, 8/9/06, 10 pages.
- Subsequent Evaluation Report dated 1/30/07, 3 pages.
- Lower Extremity Evoked Potential Study dated 1/27/07, 2 pages.
- Initial Evaluation Report dated 12/27/06, 12/21/06, 5 pages.
- Patient Demographics (unspecified date), 1 page.

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Patient's age:

Gender: Male

Date of Injury:

Mechanism of injury: While working as a custodian for a school district, he was carrying a desk from upstairs and was assisting 3 guys, each one holding one corner, when he bent over he felt low back pain with burning pain down his right leg.

Diagnoses: Lumbar facet syndrome-724.8; HNP-729.1; lumbar radicular syndrome-724.6; sprain of sacrum 847.3; lumbar disc displacement 722.10.

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

The claimant is now nearing approximately nine months post injury status. The claimant was seen most recently by a chiropractor at named DC. The initial evaluation was dated 12/27/06. The claimant worked as a custodian. The report indicated low back pain and

pain from the right leg to the foot region, rated 9/10 on a visual analog scale (VAS) scale. There was only +1 reflexes on the right side ankle and patellar reflexes, but this provider does not indicate the left side findings. He noted decreased sensation in the L4 and S1 dermatomes on the right, but does not indicate how far the sensation deficit goes. Motor evaluation indicated 4/5 weakness with regard to the extensor hallicus longus and gastrocnemius/soleus muscle, but does not indicate if this is right side or left side. Straight leg raising (SLR) was positive on the right at 40 degrees, and on the left at 60 degrees. He also reported positive Valsalva's and Kemp's test on the right side. There was antalgic gait noted. There were MRI findings of the lumbar spine from 9/20/06, revealing a broad based disc protrusion at L5-S1 and bulges at L4-5 and L2-3. There was no evidence of neuroforaminal compromise or neural impingement noted on the actual report. Range of motion was decreased about 40-50% overall. The claimant reported to Dr. that he had not received any physical therapy for his injury to date; however, this is contradicted in the report from the consult with Dr. below. Dr. requested 12 initial sessions of physical therapy, 3 times per week for 4 weeks, to include therapeutic exercises, interferential current, myofascial release, joint mobilization (manual therapy) and ultrasound. The records indicated that the claimant was previously treating with, MD, and his assistant PA. The three view X-ray report, taken on 8/9/06, indicated some evidence of pre-existing findings of degenerative changes of the lumbar spine with degenerative endplate spurring, decreased disc space and subchondral sclerosis at all levels. There were also noted mild degenerative changes in the sacroiliac (SI) joints. There was an 11/13/06 denial for a requested lumbar epidural steroid injection (ESI) procedure, which was requested by a Dr. who had an initial report dated 10/19/06, which indicated specifically that the patient had undergone physical therapy and diagnostic studies, including an MRI, as well as narcotic medications and continues to report numbness into the right foot and pain rated 8/10. This report indicated that on examination he was negative for parasthesias or weakness, negative for back pain, myalgia or arthralgia, negative for anxiety, depression or sleep disturbances. He was positive for hypertension and hyperlipidemia. His actual exam found right motor strength as normal, except 4/5 in the quadriceps and 3/5 in the gastrocnemius with decreased lower right extremity in the right L5 dermatome. Reflexes were bilaterally normal patellar reflex, and Achilles reflex was left normal and right side less than 1. An X-ray of the right knee, dated 8/25/06, was negative with some evidence of vascular calcification suggesting diabetes. There was a report dated 1/12/07 for an electromyogram/nerve conduction velocity (EMG/NCV) study with impression that there is an indication of acute irritability in the bilateral L4, L5 and S1 motor roots with right sided distribution showing the greatest power reduction. The 1/27/07 report of lower extremity evoked potential study indicated evidence of bilateral L5 and S1 and right L3 and L4 sensory radiculopathy. The study revealed L3-S1 motor radiculopathy. The notes from Dr. MD and his PA, Mr. indicated that on the visit from 9/6/06 he was told to start physical therapy and the patient was off work. The notes from 8/21/06 indicated that he should continue with physical therapy. The note, dated 8/14/06, stated to start physical therapy. There was an office note dated 12/21/06 from MD, with and the claimant was referred to Dr. DC who is in that office for physical therapy. There were also medications that were recommended with home exercises. Dr.'s report, on 1/30/07, indicated that, again, the claimant indicated that he had never had physical therapy for this injury, (this contradicts

the previous treating doctor notes saying he is to continue physical therapy). Nevertheless, the claimant continued to report 9/10 low back pain and right leg to foot pain. There was indication that a previous reviewer attempted to modify the physical therapy request from 12 sessions to 10 sessions of physical therapy, however, the doctor was not available for modification acceptance. It is this reviewer's opinion that the previous reviewer may not have been informed that the claimant had already attended physical therapy, as indicated in the documentation from the previous providers. The current request is to provide dispute resolution and determine the medical necessity for previously denied twelve sessions of physical therapy for the lumbar area. The medical necessity for this request was not found at this time. The claimant had already been afforded an undetermined total amount of physical therapy with his previous providers and, therefore, given the ODG, 11th edition, Top 200 conditions, page 113-114 regarding, diagnosis of 722.1 Lumbar IVD without myelopathy. This diagnosis only recommends 10 visits over 8 weeks with transition to self directed home physical therapy. Therefore, the claimant has surpassed the eight week mark, and has also been provided physical therapy, according to the previous provider notes. This claimant is without significant benefits from his care to date with evidence of no curative effects, long term relief or symptom resolution. Therefore, this request would not be medically necessary at now almost 9 months post injury status with regard to the reference to the Texas Department of Insurance and DWC rules and regulations, as well as the accepted guideline of ODG, 11th edition Top 200 conditions recommendations. The decision is to uphold the denial.

If applicable this section should include the following:

- Specific basis for divergence from the Division of Workers' Compensation (DWC) policies or guidelines adopted under Labor Code §143.011.

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

[Check any of the following that were used in the course of this review.]

- ACOEM – AMERICAN 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.
- X** ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).
- X** OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment. 2) ODG, 11th edition, Top 200 conditions, page 113-114 regarding, diagnosis of 722.1 Lumbar IVD without myelopathy Physical Therapy Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT Medical treatment: 10 visits over 8 week’s Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 week’s Post-surgical treatment (fusion): 34 visits over 16 weeks.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider 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 the decision before the referral to CompPartners, Inc.