



IMED, INC.

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IRO REVIEWER REPORT

DATE OF REVIEW: 04/22/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Physical therapy three (3) times per week for four (4) weeks.

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

Texas License and currently on TDI DWC ADL.
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Office notes from Dr. dated 01/19/07, 01/25/07, 02/06/07, and 02/20/07.
2. Electrodiagnostic assessment report dated 01/24/07.
3. Office note from Physical Therapy/Rehab dated 01/29/07.
4. Adverse Determination dated 02/01/07
5. Adverse Determination dated 02/08/07.
6. TDI assignment dated 04/11/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The records available for review document that the employee was evaluated by Dr.. It was documented that the employee sustained an injury in the workplace while participating in driving activities. The employee's job was of a repetitive activity nature, and the employee developed difficulty with low back pain that radiated into the lower extremities. Dr. indicated that a lumbar MRI was obtained after the injury and revealed findings of a disc protrusion at the L4-L5 and the

L5-S1 disc levels. Dr.'s note also indicated that the employee had previously received access to treatment in the form of supervised therapy services.

An electrodiagnostic assessment of the lower extremities was obtained on 01/24/07 and revealed findings consistent with a right L5-S1 radiculopathy.

Dr. evaluated the employee on 01/25/07, and it was recommended that the employee receive physical therapy in the form of primarily lumbar traction.

On 02/06/07, Dr. reevaluated the employee, and it was recommended that the employee again receive treatment in the form of supervised therapy services with primary treatment to consist of traction.

On 02/20/07, Dr. evaluated the employee and again recommended that treatment be provided in the form of supervised therapy services, primarily to consist of traction.

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

The date of injury is over one year in age. The documentation available for review indicated that after the date of injury, the employee received access to supervised rehabilitation services.

At the present time, the medical necessity for the requested services was not established.

Chapter 12 of the *ACOEM Guidelines* indicates that there is no documentation in the medical literature which would support utilization of traction as a means of definitively providing long-term pain reduction referable to the low back region. Additionally, *Official Disability Guidelines* would support that maximal benefit from supervised rehabilitation services should have long ago been obtained, particularly given the fact that the work injury occurred over one year ago. The request for therapy services at the current time would far exceed the time interval whereby *Official Disability Guidelines* would support a medical necessity for treatment in the form of physical therapy services.

Consequently, based upon the medical records presently available for review, medical treatment in the form of supervised therapy services would not appear to be a medical necessity at the current time as supported by *Official Disability Guidelines* or as supported by *ACOEM Guidelines*. These references do not provide any data that would support an expectation that such treatment would be expected to enhance functional capabilities or change pain symptoms, particularly when one is this far removed from the date of injury.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. *ACOEM Guidelines*

B. *Official Disability Guidelines*