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DATE OF REVIEW: 12/27/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy

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

Board Certified Orthopedic Surgeon

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. MRI of the lumbar spine dated 04/27/04.
2. Clinic notes from Dr. (beginning 12/10/04 and ending 11/12/07).
3. Procedure for epidural steroid injections dated 06/22/04 (L5-S1).
4. Lumbar discogram dated 01/06/05 Dr.
5. Lumbar spine CT post discogram dated 01/06/05 Dr.
6. Request for preauthorization for Charite procedure (response from insurance company) 02/08/05.
7. Clinic note from Dr., M.D. dated 02/11/05.
8. Lumbar spine films dated 07/26/05.
9. Operative report for Charite disc replacement 07/26/05, Dr.
10. Operative follow up note from Dr. dated 09/20/05.
11. Physical therapy notes from P.T. beginning 10/10/05.
12. Functional clinical evaluation dated 12/27/05.
13. Designated Doctor Evaluation 04/27/06, Dr.
14. Rehabilitation request and following physical therapy and rehab notes from Positive Health Management, Dr., medical director.
15. Physical performance test at the Clinic 11/03/06.

16. Clinic note from Institute 05/23/07, PAC and medical director.
17. Peer review note 06/21/07 Dr.
18. Utilization review note dated 11/18/07 physical therapy denied Dr.
19. Physical therapy note dated 11/19/07 Physical Therapy.
20. Reconsideration appeal of adverse determination physical therapy denied Dr. 12/04/07.
21. Request for IRO by attorneys at law dated 12/13/07.
- 22. Official Disability Guidelines.**

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee is a male who was initially injured. The mechanism of injury was apparently an attempt to move an object weighing approximately 200 pounds while he was employed as an iron worker/welder.

The employee was initially evaluated by the company doctor who reportedly ordered x-rays and placed the employee on light duty and was started on conservative care. This included a course of physical therapy and work hardening.

It was reported that the employee had x-rays of the lumbar spine performed on 03/15/04 which revealed small osteophytes at L3, but this report was not included for review.

An MRI of the lumbar spine was performed on 04/27/04 by Dr., M.D., which revealed L5-S1 posterior left paracentral shallow disc herniation with associated annular tear. No compression descending or exiting nerve roots was noted. There was an L4-L5 left sided posterior annular tear and disc bulge was noted with narrowing of the left and right lateral canal at the level of the disc with left more than right and mild recess stenosis. There was an L3-L4 disc bulge with mild deformity of the thecal sac.

Reportedly an EMG/NCV study was performed on 06/16/04, but this report was not included for review.

There was an initial clinic note from Dr. beginning 12/10/04. The employee was recommended and then received epidural steroid injections beginning 06/22/04 (L5-S1).

A lumbar discogram was performed on 01/06/05 by Dr. with follow on lumbar spine CT post discogram 01/06/05 by Dr. The post CT discogram of the lumbar spine performed on 01/06/05 revealed L3-L4 level with "normal appearing disc with no evidence of any pain and normal appearing pathology." At the L4-L5 level, there was some degenerative type spread with what appeared to be left sided tear with no evidence of any concordant pain. "Therefore even though morphologically it seemed abnormal it produced no pain whatsoever." At the L5-S1 level, the employee had an immediate positive concordant pain response. Disc herniation at L5-S1 level was revealed.

A request for the Charite procedure was made with a response from the insurance company dated 02/08/05.

Additionally the employee was followed up post discogram by Dr. on 02/11/05.

There was an operative report for the Charite disc replacement dated 07/26/05. This procedure was completed without apparent complication and follow up lumbar spine films on 07/26/05 revealed metallic densities consistent with prosthetic intervertebral disc placement at the lumbosacral junction.

There was a postoperative follow up clinic note from Dr. dated 09/28/05 which stated that the employee still had his postoperative staples in place and had not followed up since his surgery. The staples were removed without complication.

The employee was then referred for physical therapy with physical therapy notes reviewed from Ms., physical therapist, beginning 10/10/05.

The employee then underwent a Functional Capacity Evaluation (FCE) dated 12/27/05 and a Designated Doctor Evaluation dated 04/27/06. At that time, the employee was given a 10% disability rating.

Rehabilitation and physical therapy requests are noted from Positive Health Management, Dr., medical director with the initial request made 11/03/06. The employee underwent extensive physical therapy with multiple treatment modalities over the course of a several month period at this same facility.

Additionally, a physical performance test was performed at Clinic on 11/03/06.

The employee was being followed by the Institute, and there was a clinic note reviewed regarding the employee's regimen and current clinical status dated 05/23/07 by Ms., PAC.

A peer review note from 06/21/07 by Dr. This note denied the further need for additional medications.

A clinic note was then noted from Dr. dated 11/12/07 stating the employee had been experiencing some pain in his lower back that had been occurring for approximately one month. Upon examination, he had a negative straight leg raise bilaterally. Patella and Achilles reflexes were normal. Normal sensation in all dermatomes was noted. His heel to toe walk was normal. Forward flexion demonstrated that the employee could reach his feet. Thoracolumbar extension at 20 degrees with pain in the lumbar region. X-rays were taken at that clinic visit though those studies are not included for review. By physician report they showed no fractures, dislocations or arthritis with maintained disc postoperatively. The treatment plan at that time was to refer the employee for physical therapy, as the pain was felt to be originating from the employee's L5-S1 facet joint.

A request for utilization review dated 11/18/07 with physical therapy was denied by Dr.

There was an initial physical therapy assessment note dated 11/19/07 from Physical Therapy.

A reconsideration appeal of adverse determination note was included with physical therapy denied by Dr. on 12/04/07.

A request for IRO by Attorneys At Law, dated 12/13/07 has subsequently been submitted.

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

I would have to agree with the initial and subsequent peer reviewer's determination. The employee had initial back injury and subsequent L5-S1 disc replacement approximately years ago. The employee has received multiple courses of physical therapy over the years including continued physical therapy earlier this year that included multiple modalities. Additionally, the employee has been through work conditioning and chronic pain management. Based on the clinic note dated 11/12/07 there are no new signs or symptoms documented or noted previously on intermittent examinations both by physical therapy and the intermittent clinical notes from Dr. office.

Based on the employee's previous extensive physical therapy, he should be able to perform a well-designed and focused home exercise program. Both short and extensive courses of physical therapy in the past have not resulted in long-lasting symptom relief for this employee.

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

- 1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**