



## REVIEWER'S REPORT

**DATE OF REVIEW:** 12/13/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Approximately two weeks of physical therapy for four days per week.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., in private practice for over 27 years with board specialties in Sports Medicine, Clinical Tomography, and Manipulation Under Anesthesia and have served as a Designated Doctor.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

Approximately 245 pages of records submitted, which included but were not limited to:

1. Nineteen pages from the Texas Department of Insurance
2. Approximately 26 pages from Utilization Review
3. Nineteen pages of Functional Capacity Evaluation tests
4. Notations from Ambulatory Services regarding epidural steroid injections
5. Multiple copies of notes regarding therapy and DWC-69 forms
6. Records from Services
7. Records from M.D.
8. Records from M.D.
9. Records from Imaging
10. Records from Chiropractic
11. Notes from therapy services
12. DWC-73 forms

**ODG Guidelines were not presented for review.**

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This case involves a male of approximately of age who works in shipping and receiving. The patient indicated he was loading an air conditioning compressor using a dolly when he tipped the unit and felt a sharp pain in the lumbar spine area. The patient was originally seen by Chiropractic Clinic and underwent a lumbar MRI scan approximately after the injury, which was followed by an EMG study. The patient then went to Medical Clinic under the care of Dr. M.D., who requested sessions of physical rehabilitation at a frequency of four times a week for two weeks. Both of the Utilization Review physicians stated that they utilized ODG recommendations, which allows for one to two physical therapy sessions following injections at most. They also noted that the injured worker is a post-second ESI patient, and the request was for a post epidural steroid injection exercise program.

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

According to the doctor's own therapy order sheet, the modalities being requested were hot packs, cold packs, ultrasound, massage, and electrical stimulation. Other procedures that were being requested were range of motion exercises, general conditioning exercises, stretching, joint mobilization, and progressive resisted exercises. There appears that there may be overlapping in some of those services, as hot packs and ultrasound have similar physiological results in the form of heat. Also, there is no explanation for different procedures such as range of motion, stretching, and general conditioning exercises.

It also appears that while the first epidural steroid injection took place on 02/01/07, the first post-ESI exercise plan was initiated on 06/12/07 through 06/21/07. Likewise, the second ESI took place on 08/23/07, and the second post ESI physical therapy program was initiated on 09/26/07.

In the first case, the post ESI conditioning took place over four months after the ESI was performed, while the second case was a month. One would expect that post ESI therapy take place within the week that the ESI was performed and the physician gave the go-ahead.

Unfortunately, if there was a medical reason or explanation of why the post ESI therapy was performed at these times, it is not gleaned from the doctor's notes as most of them are illegible.

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

*(Check any of the following that were used in the course of your 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.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)