



- **Pre-Authorization Request for Physical Therapy Modalities dated 12/11/06, 11/21/06, 2 pages.**
- **Back Index dated 12/7/06, 11/20/06, 2 pages.**
- **Pain Scale dated 12/5/06, 1 page.**
- **Physician Order/Certification of Medical Necessity dated 11/8/06, 1 page.**
- **Medical Records Review dated 12/5/06, 2 pages.**
- **Evaluation Report dated 12/18/06, 2 pages.**
- **Chiropractor/Provider Data (unspecified date), 1 page.**
- **Non-Authorization After Reconsideration Notice dated 1/3/07, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 12/7/06, 11/21/06, (unspecified date), 3 pages.**
- **Authorization Notice dated 11/8/06, 1 page.**
- **Non-Authorization Notice dated 12/20/06, 1 page.**

### **PATIENT CLINICAL HISTORY (SUMMARY):**

**Injured worker's age:**                      **Gender:**                                      Male  
**Date of Injury:**  
**Mechanism of injury:**                      While working as a mechanic, he ducked under a car and when he stood up he felt a sharp pinch in the lower back.  
**Diagnoses:**                                      Sciatica; 722.2 displacement of IVD site unspecified without myelopathy (per doctor forms); 724.0 spinal stenosis lumbar region.

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

The patient is now nearing nine months post injury status. There was a report from, indicating that the patient first presented to her office on 10/31/06 for severe 9/10 lower back pain and stabbing pain into the left buttock and numbness down the left leg. exam revealed loss of lumbar range of motion with the patient unable to perform extension, a postive test, straight leg raising (SLR) was positive at 20 degrees and most of the orthopedic tests were not performed due to the patient's inability. There was diminished left quadriceps reflex. The patient was referred for a lumbar spine MRI study, which was performed on 11/2/06, indicating evidence of a posterior bulging of the disc at L4-5 that narrowed the central spinal canal by approximately 40%, displacing the transversing L5 nerves posteriorly without compression or inflammation of the nerves. There was also a small posterior central contained disc protrusion at L5-S1 without neural compression or displacement, however, the central spinal canal was more triangular shaped, slightly crowding the exiting L5 nerves in the lateral recesses, but no evidence of compression or inflammation of the nerves was identified. The doctor notes from that date of 11/20/06 indicated his pain scale was 5/10 in the low back and into the upper buttocks with improvement in the leg numbness. He had improved back disability index score from 52 to 31. Objectively, he still had SLR, but now at 35 degrees, was still positive, was

positive bilaterally and the ranges of motion were still restricted. He has noted weakness in the extensor hallucis longus on the left on manual testing (no graded information) and sensation was normal bilaterally to pinwheel. There was diminished left quadriceps reflex and right Achilles reflex. The patient was taken off of work until 12/16/06 and was referred to an orthopedic surgical consult. Keep in mind he had been receiving spinal decompression at office, which is considered investigational and experimental. A record review on 12/5/06 by physical medicine specialists, MD, who indicated that the claimant had been released to full duty on 6/5/06 and, at that time, stated he was better and that his neurological exam was intact. She did not feel that further treatment was necessary for this claimant. The exam from, on 12/7/06, revealed 4/10 pain with no numbness or paresthesias into the left leg. He scored a 27 on the Back disability index. He still had restricted lumbar range of motion, with SLR positive at now 45 degrees with continued weak left hallicus longus and now diminished left quadriceps reflex and right Achilles reflex and now positive only on the left. test was positive bilaterally. There was another request from on 12/11/06 for 6 more visits. The patient was then evaluated by the orthopedic specialist MD on 12/18/06, which indicated new information that he was initially injured in 2003 from lifting a tire at work, and then his symptoms recurred in May of 2006. His pain as of 12/18/06 is reported to be low back pain with shooting pain down his right leg (was left leg) to the back of his right knee. He had pain while sitting or standing. The examination revealed negative SLR bilaterally, normal reflexes of the lower extremities, and normal full 5/5-muscle strength noted. Lumbar range of motion was flexion to the mid tibias, extension to 20 degrees, no palpable spasms or tenderness noted and no evidence of neurological symptoms. He was advised that he was not a surgical candidate at this time. He was also given a prescription for a Medrol dose pack, a referral to a physical therapist for more therapy and to take anti-inflammatories. The current request is to determine the medical necessity for previously denied 12/11/06 request therapy for six visits over a three-week period with interferential therapy, ice packs, spinal decompression traction, manual therapy, therapeutic exercises and therapeutic procedures. The medical necessity for these visits is not found with the provided information and reference to the ODG Guidelines, 11th edition, Top 200 conditions, pages 114-115 for diagnosis of 722.2-displacement of IVD, site unspecified, per doctor work status report dated 11/1/06, recommends physical therapy for only 10 visits over 8 weeks. This claimant has attended at least 12 physical therapy sessions to date, and therefore, this additional request would exceed the guidelines. He should be able to perform home exercises by this time. Additionally, the 12/18/06 orthopedic consult revealed that he actually has negative orthopedic testing, no neurological deficits, no nerve root compression, no spasms noted, no tenderness noted and was determined not to be a surgical candidate. Therefore, these additional 6 physical therapy sessions are not found clinically medically necessary and there is no indication of co morbid factors making this patient an outlier from the accepted guidelines.

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

- 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 AND 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Texas Department of Insurance.