



DATE OF REVIEW: July 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Physical therapy 3 times per week for 4 weeks

QUALIFICATIONS:

MD, Board-certified in neurology and pediatrics, board-eligible in electroencephalography

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:

1. TDI referral, June 11, 2007
2. DWC findings of fact regarding patient disability-March 8, 2007
3. Plan-May 22, 2007
4. Examination-May 22, 2007
5. notes-May 24, 2007
6. MRI-May 10, 2007
7. Notes-April 16, 2007
8. DWC form 73-April 13, 2007
9. DO office notes-September 26, 2006 through January 2, 2007.
10. Emergency room notes- 2006
11. Radiology report (coccyx view)-August 18, 2006
12. Return to work, no restrictions-August 15, 2006.
13. Return to work, sedentary duty-August 13, 2006.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

female with a back injury xx/xx/xx, now with low back pain, lumbar spine range of

motion limited with forward flexion and back extension limited, diffuse lumbar spine tenderness with some hypertonicity and loss of lumbar lordosis noted. Straight leg raising bilaterally associated with hamstring tightness. Patrick maneuver causes localized low back pain, diffusely tender on the right side throughout the lumbar paraspinals in the posterior elements to right sacroiliac joint. Conservative methods to date have been only medication. This was the first request for physical therapy. The request was for a total of 12 sessions, 3 weekly for 4 weeks. The insurer's physician reviewer accepted the necessity for physical therapy in this case, allowing 10 sessions by his protocol. He denied the request for 12 sessions, and no therapy has been undertaken.

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

The patient was injured at work last xx/xx/xx. She should have received physical therapy months ago, after a failure of medication alone to improve the situation. Instead, with the pain and secondary guarding, she has developed muscle tightness and enhancement of the pain. It is reasonable that she receive physical therapy to assist in relaxing the muscle tightness, reduce the pain cycle that is apparently self-reinforcing, and begin a recovery to full work. The reviewing physicians acknowledged that physical therapy was appropriate and medically necessary. The request for therapy covered 12 sessions. However, the insurer's physician would only allow 10 sessions. Ongoing delay of treatment has added to the low back pain condition and would merit the approval of the requested care.

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

- ACOEM 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 judgment, 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, nationally accepted medical literature (with description)
- Other evidence-based, scientifically valid, outcome-focused guidelines (with description)