

REVIEWER'S REPORT

DATE OF REVIEW: 06/19/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy three times a week for four weeks for a total of twelve visits.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine, Rehabilitation, and Pain Management

REVIEW OUTCOME:

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

_____ Upheld (Agree)

XX Overturned (Disagree)

INFORMATION PROVIDED FOR REVIEW:

1. Note dated 05/10/07 from URA's initial review
2. Review dated 05/23/07 from URA's reconsideration
3. Report dated 04/13/07
4. Various notes from treating doctor (TD) including a note where the injured employee was diagnosed with a cervical lumbar strain with left upper extremity and left lower extremity radiculitis; on 04/26/07 a similar diagnosis was rendered; on 04/12/07 TD gave him an injection over the iliac crest; a similar injection was reported on 03/23/07; on 02/07/07 his diagnosis was acute cervical lumbar strain with left upper and left lower extremity radiculitis. TD apparently began seeing him for the first time on 01/22/07.
5. MRI scan of the lumbar spine on 02/07/07, showing degenerative disc disease at L4/L5 with degenerative facet joint disease at L4/L5 and L5/L1 bilaterally
6. EMG study on 03/09/07 which found a mild chronic right L5 and S1 radiculopathy
7. MRI scan of the cervical spine on 02/06/07 showed minimal bulging of C5/C6 and C6/C7 discs
8. Request for 22 sessions of physical therapy

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This injured employee was involved in a work-related motor vehicle accident. After this he was diagnosed with a cervical lumbar sprain with left upper extremity and left lower extremity radiculitis. Initially 22 visits of physical therapy were requested with twelve visits approved. It would appear that he has never had any physical therapy. He has an abnormal MRI scan of the cervical and lumbar spine, which is compatible with degenerative disc disease but no compressive disc herniations. He does, however, appear to have an abnormal EMG study suggesting a lumbosacral radiculopathy on the right at L5 and S1 levels. As of the last note from TD, he was still symptomatic with regards to both his neck and back, and despite treatment with medications, injections, and home exercises, he was still having significant pain levels.

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

Although it is somewhat late to begin physical therapy, I would agree with the use of physical therapy for three times a week for four weeks.

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.)