

MATUTECH, INC.

DATE OF REVIEW: MARCH 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Electrical stimulation and therapeutic exercises (02/15/07 to present)

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Information provided:

Office notes
Bills and Health Insurance Claim Forms (07/21/06)
Utilization reviews (02/15/07 & 03/01/07)

Information provided:

Office notes (
Radiodiagnostics (01/23/07)
Therapy sessions (01/30/07 – 02/21/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient who was unhooking an 18-wheeler truck at work when he injured his lower back.

On, the patient was evaluated for complaints of severe low back pain with radiation of pain into the left lower extremity and numbness in the foot. History

was positive for right knee arthroscopy. The therapist diagnosed lumbar strain with left lower extremity sciatica and scheduled him for physical therapy (PT).

Magnetic resonance imaging (MRI) of the lumbar spine revealed a large central and left central disc herniation with extrusion at the L5-S1 level causing thecal sac compression anteriorly with bilateral lateral recess stenosis, left worse than right, and left neural foraminal stenosis; and annular disc bulge and central disc protrusion/herniation at L4-L5 causing thecal sac compression anteriorly with bilateral lateral recess stenosis.

From January 30, 2007, through February 21, 2007, the patient attended 11 sessions of PT consisting of electrical muscle stimulation (EMS), ultrasound, manual therapy, and therapeutic exercises.

M.D., prescribed Skelaxin, Motrin, and Biofreeze and recommended over-the-counter (OTC) analgesic cream, a transcutaneous electrical nerve stimulation (TENS) unit, and off work.

On February 16, 2007, additional 12 sessions of PT were denied. The rationale was: *One to two sessions are indicated in the acute state for the purpose of educating and evaluating a home exercise program (HEP). The claimant should be able to continue with an HEP.*

On March 1, 2007, M.D., denied authorization for additional 12 sessions of PT. *He opined that the patient had at least attended two sessions of PT and this was adequate for having taught and provided home guides for the management of low back pain.*

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

Based on the records received this individual has already completed eleven sessions of therapy and evidenced based guidelines support ten to twelve sessions maximum. Records indicate significant improvement following the initial three sessions. However, interferential, TENS, MENS, PENS or NMES are not recommended. Therefore, the decision to deny is partially overturned allowing for a total of twelve sessions, but denying electrical stimulation.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES