

IRO REVIEWER REPORT

DATE OF REVIEW: 03/11/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Additional physical therapy sessions for the lumbar spine three times per week for four weeks.

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

Texas License and currently on TDI DWC ADL.
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Office notes from Dr. dated XX/XX/XX, 11/29/06, 12/20/06, & 01/24/07.
2. Physical therapy note from Injury One Treatment Center dated 12/21/06.

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PATIENT CLINICAL HISTORY (SUMMARY):

The employee developed difficulty with low back pain while attempting to lift a metal box which weighed approximately 50 pounds.

The employee was evaluated by Dr., and it was documented that the employee underwent lumbar spine surgery three years previously. Dr. did not document the presence of any neurological deficits on physical examination. The employee was recommended for treatment in the form of physical therapy.

Dr. reevaluated the employee on XX/XX/XX, and it was documented that the employee had just started physical therapy.

The employee was reevaluated by Dr. on 12/20/06 and diagnosed with intractable pain, as well as major depression and a posttraumatic stress disorder. It was recommended that the employee continue treatment in the form of supervised therapy services.

A physical therapy progress note dated 12/21/06 documented the employee had attended twelve of twelve recommended sessions of supervised therapy services.

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

The medical necessity for current treatment in the form of supervised therapy services would not appear to be established. The available records do not document that there were any neurological deficits on physical examination. The described mechanism of injury would typically be expected to result in a lumbar strain.

This injury is over four months in age. The employee has received access to at least twelve sessions of supervised therapy services to date.

For a medical condition of a lumbar strain, *ACOEM Guidelines* as well as *Official Disability Guidelines* would each support that the amount of physical therapy services previously provided to the employee should be sufficient to fully educate an individual on a non-supervised rehabilitation regimen. Therefore, based upon the medical documentation currently available for review, the medical necessity for current supervised therapy services for the described medical situation would not appear to be established.

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

ACOEM Guidelines
Official Disability Guidelines