

October 25, 2007

REVIEWER'S REPORT

DATE OF REVIEW: 10/24/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar physical therapy X 3 visits.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Physical Medicine and Rehabilitation and trained as a Pain Management specialist with special training as a Diplomat of Mechanical Diagnosis and Therapy (McKenzie Program)

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The additional three visits of physical therapy are not supported as medically necessary by the history or the medical records.

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. URA letters of denial including criteria utilized in the denial
3. Report of medical evaluation 07/26/07
4. Pain management evaluation 02/15/07
5. Treating doctor's treatment documentation 12/22/06 – 09/12/07 (12 visits)
6. Work status reports, referrals and PT prescriptions

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The history provided for this patient from the records that I have available indicate that the patient is a female who complained of back pain from a work-related injury that occurred. She was bending over, reaching and picking up books to a table level to line them up for wrapping. In doing that repeatedly, she had the onset of lower back pain.

She has some light duty restrictions and continued to work but still had trouble. She was diagnosed as having a lumbosacral disc disorder, which I agree was probably right, based upon the mechanism of action, which was repeated flexion and lifting. Her treatment has consisted of physical therapy, a trial with TENS unit and medications. It is not clear what her home program has been. She has been tried on both flexion and maybe extension exercises, but there is no indication of there every having been a thorough mechanical evaluation to determine the true properties of her injury. It appears that she is made worse by flexion, particularly by her history, because sitting, bending, and lifting all make her worse. It is not clear that she has been thoroughly evaluated for a simple extension exercise program.

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

Patients in this age group with these symptoms respond extremely well to a simple repeated extension program in a lying and standing position and an associated improvement in posture, frequently using a lumbar roll. She has been treated for a facet syndrome with injections and flexion-type and stabilization-type exercises, which have provided some relief. However, as soon as she returns to the repetitive bending activity of her job, her symptoms return. She does not need additional physical therapy, particularly of the nature that she has had in the past. Additional physical therapy in the nature that she has had to date is not indicated and would not be beneficial or wise to pursue.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 & 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: McKenzie Institute, which is the premier treating program worldwide at this point in time for lower back pain.