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DATE OF REVIEW: 10-03-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Aquatic therapy for the back 120 sessions
Massage therapy 18 sessions

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

Certified by The American Board of Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

| Injury Date | Claim # | Review Type | ICD-9 DSMV | HCPCS, CPT, NDC Codes | Service Units | Upheld/Overturn |
|-------------|------------|-------------|------------|-----------------------|---------------|-----------------|
| xx/xx/xx | x-xx-xxxxx | Prospective | 724.2 | 97113 | 120 | Upheld |
| xx/xx/xx | x-xx-xxxxx | Prospective | 724.2 | 97124 | 18 | Upheld |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Pre-Authorization Decision and Rationale 08-29-07
 Pre-Authorization Decision and Rationale 09-12-07
 Pre-Authorization Decision and Rationale 07-02-07
 Request for Reconsideration 08-22-07
 Follow Up Reports 05-29-07, 06-20-07, 07-18-07, 08-20-07
 First Report 05-21-07
 Letter dated 09-14-07
 ODG Guidelines not submitted

PATIENT CLINICAL HISTORY:

According to medical record documentation, this claimant slipped on water while at work and sustained a low back injury on xx/xx/xx. Treatment has included chiropractic treatment for several years, physical therapy, and placement and removal of a morphine pump. The claimant is currently on Methadone for chronic pain control.

The first report, dated xx/xx/xx, noted chronic low back pain. The treatment plan was methadone, neuromuscular release, and pool therapy. In addition, the practitioner felt the pool therapy would be required on a life long basis. Approximately eight days later in a review of the pain management treatment plan, there was some discussion noted about the need for Neurontin. A reference for ongoing pool therapy was also made.

An independent medical examination was completed noting multiple other medical conditions that included diabetes, hypertension, and obesity. No surgical lesion was identified.

On follow up, the practitioner noted a good response with the methadone and myofascial release techniques.

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

This claimant has a history of low back injury and surgical fusion. In addition, the claimant is morbidly obese (BMI >31), diabetic, hypertensive, and well beyond the conservative phase. In addition, the claimant has received chiropractic treatment for several years, and any education from these conservative interventions should carry over to a home-based, self-directed exercise program emphasizing overall conditioning and fitness.

In noting the Official Disability Guidelines, aquatic therapy is Recommended as an optional form of exercise therapy, where available. There may be advantages to weightless running in back pain recovery. (Ariyoshi, 1999) (Burns, 2001) However, as noted by, this study addressed acutely injured army soldiers in the early phase of rehabilitation. This article did not address elderly and long-term type events such as in this case. Let us not forget the age and the BMI of this claimant. Massage therapy is noted by the Official Disability Guidelines as recommended as an option, with some proven efficacy in the treatment of acute low back symptoms, based on quality studies and substantial anecdotal evidence. (Furlan-Cochrane, 2002) (Werners, 1999) (Cherkin, 2001) (Cherkin-Annals, 2003) (Sherman, 2004) Again, this is for the acute phase of rehabilitation and not years after the date of injury.

There is nothing in the medical records presented for review that indicates that the claimant has done anything other than take medications to care for himself. Weight control, diabetes control, and an aggressive home program should have been demonstrated prior to seeking additional passive measures. Based on the

documentation presented for review, there is absolutely no clinical indication for the services requested.

Lumetra's Physician Reviewer has no known conflicts of interest in this case, pursuant to the Insurance Code chapter 4201, Labor Code § 413.032, and § 12.203 of the Texas Administrative Code title 28.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)