

# P&S Network, Inc.

P.O. Box 48425, Los Angeles, CA 90048

Ph: (310)423-9988 Fx: (310)423-9980

## Notice of Independent Review Decision

**MEDICAL RECORD REVIEW:** AMENDED DECISION ON 10-25-07

**DATE OF REVIEW:** 10/22/07

**IRO CASE #:**

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

This case was reviewed by a Pain Management Specialist, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

- (1) Manuel Therapy x 12 (UPHELD)
- (2) Physical therapy x 12 sessions (UPHELD)
- (3) Self care management training x1 (OVERTURNED)

**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 / Modify)

**REVIEW OF RECORDS:**

- o Submitted medical records were reviewed in their entirety.
- o September 18, 2007, Request for Independent Review Organization
- o September 6, 2007, Utilization Review Notice of Decision, RN
- o September 18, 2007, Utilization Review Notice of Decision, RN
- o September 24, 2007, Position Statement, Ms. Utilization Review Supervisor
- o August 21, 2007, Request for a Preauthorization
- o August 15, 2007, Outpatient Therapy Reauthorization Request, "PT"
- o August 15, 2007, Initial Plan of Care Physical Therapy, illegible signature
- o September 5, 2007, Peer Review, Dr.
- o September 18, 2007, Peer Review, Dr. Ph.D.

**CLINICAL HISTORY SUMMARY:**

According to the medical records, the patient sustained an industrial injury. The patient has a diagnosis of chronic low back pain. An initial plan of care from the physical therapist dated August 15, 2007 indicates there is trunk musculature weakness, decreased trunk range-of-motion with postural dysfunction. Short-term and long-term goals were discussed. Treatment plan included modalities, neuromuscular reeducation, active range-of-motion/passive range-of-motion, manual therapy, strengthening exercise, home exercise program, aquatic exercise, patient training, and flexibility/stretching.

**ANALYSIS AND EXPLANATION OF DECISION:** [12 Sessions of Physical Therapy]

Based on the medical literature and the medical records provided for my review, I recommend to uphold the prior noncertifications for 12 sessions of physical therapy. References state that the hallmarks of a good therapy program are 1). Thorough, multidisciplinary

assessment of the patient, 2). The establishment of a time-limited plan with clear functional goals, 3). Frequent assessment of the patient's progress toward meeting such goals, and 4). Modification of the treatment plan as appropriate based on the patient's progress. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain.

As noted above, the patient has chronic low back pain. There is no indication that he recently sustained a flareup or exacerbation which would necessitate an extended course of care. It is likely the patient has received multiple physical therapy treatments over the last years. Physical therapy should not be used as maintenance care, but rather, during periods of acute symptoms. Therefore, recommendation is to uphold the prior noncertifications for 12 sessions of physical therapy.

**ANALYSIS AND EXPLANATION OF DECISION:** [12 Sessions of Manual Therapy]

Based on the medical literature and the medical records provided for my review, I recommend to uphold the prior noncertifications for 12 sessions of manual therapy. ACOEM guidelines note on page 298 that chiropractic manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. Clearly this patient's injury far exceeds the acute phase.

The Official Disability Guidelines note that for patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. In this case, the therapist is recommending the use of manual techniques as part of the patient's physical therapy program. However, studies are not convincing in this regard. Rather, focus for this patient should be placed on active participation in an independently applied home exercise program consisting of stretching, strengthening and range of motion exercises. The patient should complete the recommended self-care management training session as outlined above. Therefore, recommendation is to uphold the prior noncertifications for 12 sessions of manual therapy.

**ANALYSIS AND EXPLANATION OF DECISION:** [Self-Care Management Training Session]

Based on the medical literature and the medical records provided for my review, I recommend to overturn the prior decision for one session of self-care management training. As noted above, the patient sustained an industrial injury, now years ago. The medical records fail to document a clear history of the injury, treatment rendered in the patient's response to that treatment, both subjectively and objectively. The medical records fail to document the total number of physical therapy sessions the patient has received or when he last underwent a course of such. Furthermore, the medical records fail to document why the patient recently reinitiated treatment.

Nevertheless, the patient has documented findings on examination per the therapist, including trunk musculature weakness, decreased trunk range-of-motion with postural dysfunction. As noted in the references, there is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended.

In this case, the patient has chronic back pain. It is felt that the patient may benefit from one session of self-care management training for instruction in an independently applied home exercise program. Therefore, recommendation is to overturn the prior decision to allow one session of self-care management training.

The IRO's decision is consistent with the following guidelines:

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

**GUIDELINES / REFERENCES: PHYSICAL THERAPY**

Official Disability Guidelines - Treatment in Workers' Compensation. Physical therapy. Recommended as an option. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Sprains and strains of back: 10 visits over 5 weeks. Lumbago: 9 visits over 8 weeks. Intervertebral disc disorders: Medical treatment: 10 visits over 8 weeks. Post-surgical treatment: 34 visits over 16 weeks. Spinal stenosis: 10 visits over 8 weeks. Sciatica: 10-12 visits over 8 weeks.

ACOEM guidelines state on page 114 that "the hallmarks of a good therapy program are 1). Thorough, multidisciplinary assessment of the patient, 2). The establishment of a time-limited plan with clear functional goals, 3). Frequent assessment of the patient's progress toward meeting such goals, and 4). Modification of the treatment plan as appropriate based on the patient's progress".

**GUIDELINES / REFERENCES: MANUAL THERAPY**

ACOEM guidelines note on page 298 that "chiropractic manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In the acute phases of injury, manipulations may enhance patient mobilization. If manipulation does not bring improvement in 3-4 weeks, it should be stopped and the patient reevaluated. For patients with symptoms lasting more than 1 month, manipulation is probably safe but efficacy has not been proved".

Official Disability Guidelines Manipulation Therapy, Recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing.

**GUIDELINES / REFERENCES: SELF-CARE MANAGEMENT TRAINING**

Official Disability Guidelines, Exercise, Recommended. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision.