

# P&S Network, Inc.

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## Notice of Independent Review Decision

### MEDICAL RECORD REVIEW:

**DATE OF REVIEW:** 10/15/2007      **AMENDED DECISION ON 10-30-07**

**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 Doctor, 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**

Physical therapy three times a week for two weeks

### **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:** The treatment guidelines were provided to the IRO

- o 1 inch of medical records were reviewed in their entirety.
- o June 6, 2007, Utilization Review Decision, Ms., UR nurse
- o June 28, 2007, Utilization Review Decision, Ms.
- o September 1, 2007, letter from the physician, Dr.
- o August 17, 2007, Utilization Review Notice of Decision, Ms.
- o June 20, 2007, Letter for Reconsideration, Dr.
- o October 1, 2007, Progress Report, Dr.
- o June 27, 2007, Peer Review Report, Dr.
- o June 5, 2007, Peer Review Report, Dr.
- o June 1, 2007, Progress Report, Dr.
- o April 9, 2007, Letter, Dr.
- o June 26, 2007, Progress Report, Dr.
- o March 26, 2007, Letter, Dr.
- o May 8, 2006, Letter, Dr.
- o February 10, 2006, Medical Report, Dr.
- o January 30, 2006, Initial Evaluation, Dr.
- o January 23, 2003, Medical Evaluation, Dr.
- o December 23, 2002, Medical Report, Dr.
- o November 27, 2002, Medical Report, Dr.
- o July 16, 2007, Letter, Dr.
- o June 2, 2006, Request for Services, Dr.
- o February 10, 2003, Final Report, Dr.
- o November 4, 2002, Initial Report, Dr.
- o February 3, 2006, MRI of the lumbar spine, Dr.
- o February 3, 2006, MRI of the thoracic spine, Dr.
- o February 3, 2006, MRI of the cervical spine, Dr.

- o November 16, 2005, x-rays of the thoracic spine, Dr.
- o October 17, 2005, CT of the abdomen with and without contrast, Dr.
- o x-rays of the cervical spine, Dr.
- o CT of the brain without contrast, Dr.
- o December 18, 2002, MRI of the left shoulder, Dr.
- o December 13, 2002, x-rays of the left shoulder, Dr.
- o October 23, 2002, MRI of the left shoulder, Dr.
- o April 5, 2006, Physical Therapy Discharge Summary, Ms., PT
- o March 8, 2006, physical therapy prescription, Dr.
- o February 14, 2006, Initial Physical Therapy Evaluation Report, Ms., PT
- o November 10, 2005, Physical Therapy Reevaluation, Mr., PT
- o January 22, 2003, Physical Therapy Reevaluation, Ms., PT
- o January 17, 2003, Physical Therapy Reevaluation, Ms., PT
- o December 23, 2002, Physical Therapy Prescription, Dr.
- o December 31, 2002, Physical Therapy Initial Evaluation, Mr., PT

### **CLINICAL HISTORY SUMMARY**

According to the medical records, the patient sustained an industrial injury. It should be noted that some of the submitted medical records predate the above captioned injury. In fact, the patient had received multiple courses of physical therapy prior to the alleged injury. The patient was diagnosed with sacroiliac joint dysfunction.

The patient underwent an MRI of the thoracic spine on February 3, 2006, which demonstrated no abnormalities. Likewise, she underwent an MRI of the cervical spine on the same date, which demonstrated no evidence of compressive discopathy of the cervical spine and no evidence of neural canal or foraminal stenosis. No evidence of cervical spinal cord abnormality. The patient underwent an MRI of the lumbar spine on February 3, 2006, which, again, demonstrated no abnormalities.

According to the medical records, the patient underwent at least two courses of physical therapy in 2006 and she completed two weeks of work conditioning and then stopped the program as she thought she was able to return to work. Additionally, the patient underwent a right sacroiliac joint injection, epidural steroid injections, and a discogram.

Upon reviewing the physical therapy progress reports, it appears the patient reported subjective improvement (pain levels reduced from 7/10 to 3/10). The therapist noted objective improvement, however, precise objectification was not documented.

The patient was most recently evaluated on October 1, 2007, at which time examination demonstrated deep tendon reflexes 1+ at the right knee and right Achilles compared to 2+ on the left, strength testing was not performed, sensory examination was normal, and there was a positive Patrick's test on the right. This alone would not be an indication to reinstate the patient into a formal treatment program.

According to a letter dated September 1, 2007, the physician notes that the patient does not have the knowledge at this time to go forward with a home exercise plan.

### **ANALYSIS AND EXPLANATION OF DECISION**

#### **PHYSICAL THERAPY 3 TIMES A WEEK FOR 2 WEEKS:**

Based on the medical literature and the medical records provided for my review, I recommend to uphold the prior noncertification for a course of physical therapy. As noted in the Official Disability Guidelines, nine sessions of physical therapy are recommended in the treatment of lumbago.

As noted above, the patient has undergone multiple courses of physical therapy. The medical records fail to document clear objectification of functional improvement. The patient had improved to the point where she discontinued her work conditioning because she felt she was ready to return to work. As of the most recent evaluation, the only finding on examination was a positive Patrick's test and abnormal deep tendon reflexes. The patient has been properly instructed in an independently applied home program.

Further physical therapy would not be medically necessary. 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. Therefore, recommendation is to uphold the prior noncertification for a course of physical therapy.

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

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

X 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

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.

In treating low back symptoms, ACOEM guidelines, page 299, recommend "Adjustment or modification of workstation, job tasks, or work hours and methods, stretching, specific low back exercises for range of motion and strengthening, at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold, relaxation techniques, aerobic exercise, 1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening".

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".