

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: April 4, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3 times a week for 4 weeks.

97110 Therapeutic Activity

97113 Aquatic Therapy

97112 Neuromuscular reeducation

97116 Neuromuscular reeducation

98960 Patient Education

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a lady currently almost xx. She reportedly injured her back transferring a patient. She was found to have disc problems and lateral stenosis at L2-3. She underwent surgery at this level in 1999. The Reviewer did not see the operative report. Nothing in the postoperative notes from Dr. suggested a fusion. She was improving and had resolution of her left leg pain in January 2000. She developed pain in her right leg. The initial MRI

showed a disc protrusion at L5/S1. She underwent a right hemilaminectomy at L5/S1 in August 2000 and did well after surgery. She had PT after both operations, some at her own expense. She said in 10/24/00 "I am healed."

Dr. saw her in pain management in 2007. He noted an interval injury to her right knee related to a spinal block and epidural injection. His note placed the left knee surgery in 1999.

The next medical record is from Dr. in December 2007. She is having back pain and has been on hydrocodone, oxycodone and Neurotonin. He noted she had not had therapy in 5 years. He had problems with Lyrica. He had her on Percocet and Kadian. He noted cannaboid and alcohol on urine drug testing. She is listed as having post traumatic stress disorder. He wrote that her MRI showed a disc bulge at L2-3 and spinal instability below her fusion. The notes described her low back pain being 60% in January and 70% in February of her total pain. There are comments of a left foot drop, but the Reviewer did not see comments in her 1999-2000 notes. She was approved in February for bilateral medial branch facet blocks at L3-4 and L4-5. He advised behavioral treatment for coping.

A thoracic MRI showed degenerative changes at T5-T8.

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

The Reviewer is unclear of several issues. She had no pain in 2000 after the second operation. When did this pain recur? Was this from a prior or new injury? There was a comment that she had a strain. The Reviewer is unsure if this was the initial diagnosis after the xxxx injury, or if this was for a second and more recent problem. There were degenerative changes described in 1999 by Dr. The Reviewer does not know what is meant by spinal instability below the fusion. Some mean an anterior or posterior shift or angulation with flexion or extension when describing instability. This is in the AMA guides. Others mean the presence of a fixed spondylolithesis. At the same time, there was no information in Dr. notes of a fusion. There are some obvious psychological issues reflected with the post traumatic stress treatment in 2004. Again, is this from a new problem or the original one. There is an association of pain and depression and stress. She is using heavy duty opioids and some illicit drugs.

There was a comment of a foot drop. When did this occur? The Reviewer does not recall Dr. describing this.

The description from the past few months shows some one generally deconditioned. Therapies would be appropriate. Yet the ODG is quite specific in the time frame for postoperative physical therapies.

She is generally deconditioned and probably could benefit from a therapy program, but there is no evidence support for this in the following ODG sections.

Therefore, after a careful review of all medical records, the Reviewer's medical

assessment is that the requested PT is not medically necessary.

ODG Physical Therapy Guidelines – under Back Pain

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion): 34 visits over 16 weeks

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment: 48 visits over 18 weeks

Spinal stenosis (ICD9 724.0):

10 visits over 8 weeks

See 722.1 for post-surgical visits

Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):

10-12 visits over 8 weeks

See 722.1 for post-surgical visits

Curvature of spine (ICD9 737)

12 visits over 10 weeks

See 722.1 for post-surgical visits

Fracture of vertebral column without spinal cord injury (ICD9 805):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also [Procedure Summary](#) entry):

10 visits over 8 weeks

ODG Physical Therapy Guidelines—under Pain:

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Myalgia and myositis, unspecified (ICD9 729.1):

9-10 visits over 8 weeks

Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)

8-10 visits over 4 weeks

Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):

26 visits over 16 weeks

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)