

# True Decisions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Fax: 214-594-8680

## Notice of Independent Review Decision

**DATE OF REVIEW:** August 23, 2008

**IRO CASE #:**

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

12-24 additional sessions of physical therapy

**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

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Denial Letters 7/10/08 and 7/30/08  
Letter 8/7/08  
Records from Dr. 1/8/08 thru 7/10/08  
Records from PT Today 6/23/08 thru 7/1/08  
Re-Eval 6/19/08  
Record 5/27/08  
Record 6/3/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a woman who reportedly injured on xx/xx/xx. She tripped over a chair and fell into what sounds like a work station. She had low back pain and reported right sided radiculopathy. Her examination in January described right sided more than left sided low back tenderness and bilateral SI tenderness. She had a positive flip test, but no reported motor loss and no reports of any sensory or reflex examination. d bilateral SI tenderness. She has a history of a peripheral neuropathy, fibromyalgia, left foot drop, fibromyalgia, depression and anxiety. Dr. her pain doctor, reportedly gave her Dilaudid. She reported some improvement after two epidural injections, but her symptoms worsened after a motor vehicle accident in the 4/30/08 note. She said the pain after the MVA improved, but then the pain from the December injury recurred. A designated doctor reportedly advised a fusion. A third ESI was pending. Additional therapy was pending. Dr. wrote in 7/11/08 that she needed the third ESI and then the therapy. She had physical therapy from 6/19/08 to June 30 from the records. This consisted of hot pack, electrical stimulation and aquatic therapy.

Dr. provided a record review without an examination. He cited the MRI showing some right lateral recess stenosis at L3-4, and left sided at L4-5 from facet hypertrophy, and left L5-S1 from a disc bulge. He felt she had soft tissue problems.

Dr. performed a Designated Doctor Examination on June, 2008. He found positive left SLR as his only physical finding and felt she had a lumbar strain. He advised the additional physical therapy and epidural injection.

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

The ODG for back pain appears more appropriate than the section for chronic pain. She apparently had preexisting degenerative spinal issues, with preexisting fibromyalgia and neuropathy as causes of pain. The radiological studies were described but no formal report was provided. It showed degenerative changes. She has had adequate treatment time for therapy post epidural injections. She has reported symptoms of a radiculitis, but I saw no neurological findings in any of the reports that would support a diagnosis of a radiculopathy. The Reviewer would have at least expected descriptions of neurological losses with the neuropathy and foot drop. As the Reviewer read the request, it is for 12-24 additional sessions of physical therapy. The ODG only approves up to 10 sessions for the multitude of nonsurgical treatment conditions. She has had at least 6 sessions from the material reviewed. Some of this involved passive modalities, other provided aquatic therapy. There was limited progress described. The Reviewer did not see where the therapists provided her with a target of a self directed program. The Reviewer found no justification for the additional therapy sessions for the diagnosis reported of lumbar strain that would meet the required guidelines.

Physical therapy (PT)

Recommended. 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. See also [Exercise](#). Direction from physical and occupational therapy providers can play a role in this, **with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain.** ([Hayden, 2005](#)) Studies also suggest benefit from early use of aggressive physical therapy (“sports medicine model”), training in exercises for home use, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support. ([Zigenfus, 2000](#)) ([Linz, 2002](#)) ([Cherkin-NEJM, 1998](#)) ([Rainville, 2002](#)) Successful outcomes depend on a functional restoration program, including intensive physical training, versus extensive use of passive modalities. ([Mannion, 2001](#)) ([Jousset, 2004](#)) ([Rainville, 2004](#)) ([Airaksinen, 2006](#)) One clinical trial found both effective, but chiropractic was slightly more favorable for acute back pain and physical therapy for chronic cases. ([Skargren, 1998](#)) **A spinal stabilization program is more effective than standard physical therapy sessions, in which no exercises are prescribed....**) As compared with no therapy, physical therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective. **Because of the limited benefits of physical therapy relative to "sham" therapy (massage), it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed.** ([Erdogmus, 2007](#)) See also specific physical therapy modalities, as well as [Exercise](#); [Work conditioning](#); [Lumbar extension exercise equipment](#); [McKenzie method](#); & [Stretching](#). [Physical therapy is the treatment of a disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, activities of daily living and alleviating pain. ([BlueCross BlueShield, 2005](#)) As for visits with any medical provider, physical therapy treatment does not preclude an employee from being at work when not visiting the medical provider, although time off may be required for the visit.]...

*Patient Selection Criteria:* ....When findings from the patient’s history or physical examination are associated with clinical instability, they should be treated with a trunk strengthening and stabilization exercise program. ([Fritz-Spine, 2003](#))

*Post Epidural Steroid Injections:* ESIs are currently recommended as a possible option for short-term treatment of radicular pain (sciatica), defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The general goal of physical therapy during the acute/subacute phase of injury is to decrease guarding, maintain motion, and decrease pain and inflammation. **Progression of rehabilitation to a more advanced program of stabilization occurs in the maintenance phase once pain is controlled. There is little evidence-based research that addresses the use of physical therapy post ESIs, but it appears that most randomized controlled trials have utilized an ongoing, home directed program post injection. Based on current literature, the only need for further physical therapy treatment post ESI would be to emphasize the home exercise program, and this requirement would generally be**

included in the currently suggested maximum visits for the underlying condition, or at least not require more than 2 additional visits to reinforce the home exercise program. ESIs have been found to have limited effectiveness for treatment of chronic pain. **The claimant should continue to follow a home exercise program post injection.** ([Luijsterburg, 2007](#)) ([Luijsterburg2, 2007](#)) ([Price, 2005](#)) ([Vad, 2002](#)) ([Smeal, 2004](#))

ODG Physical Therapy Guidelines –

**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**

**Intervertebral disc disorder with myelopathy (ICD9 722.7)**

***Medical treatment: 10 visits over 8 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)**