



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 12/28/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy, nine sessions, CPT code 79110.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., practicing for sixteen years, currently practicing in a multidisciplinary rehabilitative therapy clinic

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):The injured employee was working for when he lifted a heavy trashcan and injured his low back. He is diagnosed with lumbar disc syndrome, sciatica, and lumbar sprain/strain. He has completed six sessions of physical therapy initially. The treating doctor is requesting nine sessions of CPT code 79110. At the present time it does not appear that this patient has had a neurological consult. However, MRI scan indicates several levels of disc bulges or protrusions and an annular tear at L3/L4. His pain level was initially a 10/10 and has decreased to 7/10. The patient has undergone a series of manipulations, intersegmental traction, therapeutic exercises, electrical stimulation, cold packs, and neuromuscular re-education. There is currently a request for nine sessions of concurrent physical therapy to include manipulation, cold packs, traction, electrical muscle stimulation, and one to two units of active therapy with therapeutic exercises and neuromuscular re-education.

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

This injured employee has undergone treatment, which included manipulation, intersegmental traction, therapeutic exercises, electrical stimulation, cold packs, and neuromuscular re-education. The current request is for physical therapy 97110, which is to include an incorporate some of the same therapies that he has already undergone. His pain level dropped from 10/10 to 7/10. However, with his MRI scan findings and the level of pain that is still present, it does not appear that the patient is responding to this

type of therapy. In my own clinical practice, and according to the ODG Guidelines, I find that this treatment is not clinically necessary at this time and that medical necessity has not been met in this case.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)