



REVIEWER'S REPORT

DATE OF REVIEW: 02/19/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Twelve visits of physical therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

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)

INFORMATION PROVIDED FOR REVIEW:

1. Notes from Industrial Clinic beginning 07/27/07. The notation indicated that he hurt his chest when he was involved in a car accident. At the time he had been driving a truck for 23 years, which is when this accident occurred. He was put into physical therapy. On 07/31/07, he was noted to be 60% improved but was still having lower back and right chest wall pain. On 08/10/07 he had completed six visits of physical therapy and was diagnosed with a resolving lumbar strain. Physical therapy continued, and on 08/21/07 the notations indicate that he was progressing slowly, according to the physical therapist.
2. On 08/29/07 an MRI scan of the lumbar spine was read by Dr. showing “multilevel degenerative disc disease as described above most prominent at L4/L5 where there is a central/right paracentral disc protrusion with indentation of the thecal sac and mild encroachment upon the right L5 nerve root, and disc desiccation levels as described above.”
3. I reviewed notes from Therapy Resources where he was seen by Ph.D.
4. Physical therapy continued after that visit.

5. On 09/19/07 Dr. at Industrial Clinic felt he had “multiple contusions from motor vehicle accident, resolved scalp and facial lacerations, right chest wall contusion, lumbar strain with L4/HN concordant symptomatology and positive neurological findings consistent with a 1-cm atrophy in the right calf. Extraneous factors present barriers to healing.” He recommended lumbar epidural steroid injections.
6. Physical therapy continued.
7. I reviewed a 10/29/07 procedure note from Dr. which is a right transforaminal L4/L5 epidural steroid injection and left L4/L5 transforaminal epidural steroid injections.
8. Preoperative EMG study by Dr. on 11/12/07 was “normal.”
9. Physical therapy continued after that visit.
10. He reported feeling “slightly better” after the epidural steroid injection according to notation of 11/15/07 from Industrial Clinic.
11. He had a second set of injections at the same areas on 12/03/07 by Dr.
12. I reviewed a report from Dr. dated 01/07/08.
13. I reviewed a report from Dr. dated 01/17/08.
14. ODG Guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who was asleep in the cab of his semi-truck when it was hit, knocking him out of the cab. He had problems of chest wall contusion and low back complaints. He went on to have extensive therapeutic and intervention. He has had an MRI scan that does identify an L4/L5 disc protrusion with the potential to cause compression on the right L5 nerve root. He has had in excess of 30 sessions of physical therapy and at least two lumbar epidural steroid injections to no significant avail without any significant functional improvement identified. He also has been treated concomitantly by psychologist Whiting for posttraumatic stress disorder.

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

The ODG Guidelines allow for as many of twelve visits of outpatient physical therapy presurgically for a person with low back complaints and sciatica. This gentleman has had in excess of 30. He also has had two lumbar epidural steroid injections, which were in keeping with the ODG Guidelines.

He has had maximum medical improvement with physical therapy as well as epidural steroid injections, in my opinion, and does not require either any further.

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