P-IRO Inc.

An Independent Review Organization
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Arlington, TX 76011
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Notice of Independent Review Decision

DATE OF REVIEW:
February 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Request for 12 sessions of cervical PT and massage PT 3/week for 4 weeks.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Reconsideration of denied reauthorization of treatment: Corporation 9/14/07, 12/20/07 1/2/08
Medical Records Dr.: 12/9/05, 1/6/06, 6/15/06, (3/8, 3/15, 3/20, 3/27, 4/10, 5/3, 5/15, 7/26, 8/30, 9/13, 10/11, 12/4)/07
Operative Report 3/12/07, 5/16/05
Consultation Dr.: 3/13/07
Cervical procedures Dr. 6/12/06 10/3/05
Medical Records Dr. 1/25/08
10/25/07, 12/7/07
Record Specialty Hospital. 1/6/06 Facet Rhizotomy
Letter from Dr.

ECG-2
Chest x-ray
Cervical Myelogram 12/7/06
CT 9/15/06, 4/12/05
MRI Cervical Spine 6/3/06; 4/11/05
Designated Doctor Report/Impairment Rating 8/29/07
PT noted 12/21/07
Insurance company notes 4/10/07-9/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old xxxx with a neck injury in xx/xxxx. He had a prior C5/6 fusion. He subsequently had an anterior interbody fusion from C3-6. He developed a postoperative CSF leak. An EMG in January 2007 reportedly shoed a bilateral chronic C5/6 radiculopathy. He then underwent a bilateral cervical decompression from C3-C6 with a bilateral C2-7 fusion in March 2007. He had physical therapies reported from April to September 2007 per the insurance records. He previously had ongoing neck pain and facet rhizotomies. He resumed some limited home level work in August 2007. Dr. performed trigger point injections in August 2007.

He had a pulmonary emoblus in October 2007 and remains on anticoagulation therapy.

Dr. and Dr. saw him in December 2007 and January 2008. He was reported as having more posterior headaches and muscle spasms after therapy stopped. He also had bilateral tingling and numbness in his upper extremities and he was dropping objects. Dr. wrote on 12/4/07 that the x-ray showed "good position of the interbody implants, cervical plate, and posterior instrumentation. There is no evidence of problems in the surgical site." He had limited cervical motion. Dr. felt the man had worsening cervical atrophy and cervical pain and headaches due to lack of therapy. Dr. reported normal strength. Dr. reported the pain was controlled with opiates. He noted bilateral spasms, local tenderness and limited cervical motion.

The physical therapy assessment on 12/27/07 reported this man as being able to work at a desk and computer for 6 hours. He had symptoms. The therapist requested 8-12 weeks of therapy. She said the manual therapy was intended to "improve soft tissue pliability and decrease muscle tone"

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

He is nearly one year post surgery. He had 4 major cervical operations including a fusion from C2-C7. This would remove most of the cervical motion. The remaining cervical motion would be anticipated between C1-C2. The Reviewer would suspect that no significant further motion would be regained. The fusion would reduce the need for some of the muscle activity and in turn leads to the reported cervical atrophy. The posterior cervical pain and headaches are present and had been present from the time of the first notes. There is nothing in the records to establish their improvement with any additional therapies or massage beyond the sessions given last summer. Therefore, the Reviewer cannot approve the requested physical therapy.

The ODG description for PT following a neck fusion is
Post-surgical treatment (discetomy/laminectomy): 16 visits over 8 weeks
Post-surgical treatment (fusion): 24 visits over 16 weeks

The ODG's description of massage for cervical pain is as follows:

Recommended as an option. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Gross-Cochrane, 2002) (Aker, 1999) (Philadelphia, 2001) (Haraldsson-Cochrane, 2004) (Haraldsson, 2006) There is limited evidence for the effectiveness of massage as an add-on treatment to manual therapy; and manual therapy as an add-on treatment to exercises. (Verhagen, 2006) See Manipulation for recommended frequency and duration of treatment

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)**