# IRO Express Inc.

**An Independent Review Organization**
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**DATE OF REVIEW:** February 5, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
Request for 12 session of aquatic 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
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORHOPAEDIC 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**
No ODG Guidelines
Letters of Denial 1/4/08 12/20/07 1/23/08
Preauthorization forms 12/20/07 1/3/08
Medical Note Dr. 11/19/07
PT Orders Dr, 11/19/07 and 11/26/07
Denial Review Dr, 11/1/07
Denial 10/23/07 and 11/6/07
PT report 12/24/07
PT notes 9/27/07, 11/8/07, 11/9/07, 12/14/07, 12/17/07, and 12/24/07

## PATIENT CLINICAL HISTORY [SUMMARY]:

This is an edudiagnostician who developed back and left lower extremity pain after a fall. She subsequently complained of neck and upper back pain and right lower extremity pain that had been denied by the carrier. She had an MRI on 9/20/07 that reportedly showed a disc herniation involving the left S1 root at the L5/S1 level. She had a selective L5/S1 root block that improved much of her symptoms. She had 9 sessions of PT. The examination by Dr. described no neurological loss, but she had a positive SLR and an antalgic gait.

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

**There was no information provided for review explaining why aquatic therapy was requested. The ODG states**

*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…. 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**…The claimant should continue to follow a home exercise program post injection.

**There may be a role for aquatic therapy, but this was not stated in the material provided. The following article cited in the ODG**

**Ariyoshi M, Sonoda K, Nagata K, Mashima T, Zenmyo M, Paku C, Takamiya Y, Yoshimatsu H, Hirai Y, Yasunaga H, Akashi H, Imayama H, Shimokobe T, Inoue A, Mutoh Y. Efficacy of aquatic exercises for patients with low-back pain. *Kurume Med J.* 1999;46(2):91-6.**
Department of Surgery, Kyoritsu Hospital, Kitakyusyu, Japan….
**The results obtained suggested that exercises in water may be one of the most useful modes of exercise for a patient with low-back pain.**
PMID: 10410527

**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)**