

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 16, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar PT, 97032, 97035, 98926, 4x5 (20 Sessions).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board-certified Internal Medicine.

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

Adverse Determination Letters, 3/27/08, 4/10/08
ODG-TWC, Low Back
MRI of Lumbar Spine, 6/12/06
Patient Treatment Records, 10/15/07, 11/2/07, 11/5/07, 11/6/07, 11/7/07, 11/8/07,
11/9/07, 11/14/07, 11/15/07, 11/16/07, 11/20/07, 11/21/07, 11/28/07, 11/29/07, 12/3/07,
12/5/07, 12/6/07, 12/7/07, 12/12/07, 12/13/07, 12/14/07
Letter to IRO 6/5/08
Designated Doctor Exam, MD, 3/12/08
Treatment History Chart

PATIENT CLINICAL HISTORY [SUMMARY]:

The worker injured his lower back in xx/xxxx. Lumbar MRI in June 2006 showed a 15% L1 compression fracture. He has undergone a course of physical therapy. Physical examination in March 2008 showed near normal function of the spine.

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

I have reviewed the applicable guidelines concerning physical therapy in the treatment of compression fractures. ODG Treatment 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. For a fracture of vertebral column without spinal cord injury treated medically, 8 visits over 10 weeks is recommended. In the case of this worker, he has already exceeded this recommended number of visits, with minimal functional deficits. Therefore, it is beyond a degree of medical probability that he would obtain significant benefit from the proposed treatment. The reviewer finds that Lumbar PT, 97032, 97035, 98926, 4x5 (20 Sessions) is not medically necessary.

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)

