

MATUTECH, INC.

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Notice of Independent Review Decision –Amended October 31, 2008

AMENDED: October 31, 2008

DATE OF REVIEW: October 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

18 sessions of physical therapy

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

Fellow American Academy of Physical Medicine and Rehabilitation
Member of PASSOR

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support the medical necessity** of 18 sessions of physical therapy

ODG has been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his back on xx/xx/xx. He was performing shoveling activity and noted a sudden onset of low back pain radiating into his left lower extremity.

M.D., initially evaluated and diagnosed lumbosacral sprain. Flexeril and Ultram were prescribed and physical therapy ordered. The patient attended four physical therapy sessions at Concentra.

Magnetic resonance imaging (MRI) of the lumbar spine performed in March revealed previous surgery at L5-S1, left annular tear at L5-S1 with disc bulging, small amount of abnormal material behind the S1 nerve root, and mild disc bulge at L4-L5.

Patient was referred to M.D., neurosurgeon post MRI for evaluation and

continued Ultram. Dr. felt the symptoms were coming from a neural irritation at L5-S1 level and recommended aggressive core stabilization and strengthening along with a caudal epidural.

In May, M.D., a pain management physician, saw the patient for low back pain and left-sided radiculopathy. History was positive for lumbar surgery in March 2004. Examination revealed decreased sensation in the distal S1 dermatomal distribution, hypoactive left ankle reflex, and a positive straight leg raise (SLR) test on the left. Dr. performed a caudal epidural steroid injection (ESI), which was not beneficial.

In June, M.D., noted decreased sensation in the L5 and S1 distribution on the left and diagnosed herniated nucleus pulposus (HNP) at L4-L5 and L5-S1. He recommended a second ESI and 18 sessions of physical therapy (PT) for aggressive stabilization and strengthening.

On July 14, 2008, M.D., a designated doctor, noted the following history: *In xx/xx, the patient tripped and fell while lifting bags and sustained a low back injury. MRI of the lumbar spine revealed a 3.5-mm left paracentral protrusion at L5-S1 while x-rays showed degenerative disc disease (DDD) with anterior osteophytosis at multiple levels. The patient underwent conservative treatment with PT, medications, and lumbar ESIs with minimal improvement. An EMG/NCV study in February 2004 showed moderate-to-severe S1 radiculopathy on the left with degenerative and mild sensory peripheral neuropathy. In April 2004, Dr. performed L4-S1 decompression and left L5-S1 microdiscectomy. M.D., placed the patient at maximum medical improvement (MMI) as of August 12, 2004, with 10% whole person impairment (WPI) rating. A repeat electromyography/nerve conduction velocity (EMG/NCV) study revealed chronic left L5-S1 radiculopathy. M.D., performed a caudal ESI that reduced the patient's back pain significantly and he was released back to work. On exam, Dr. noted hypertonicity and pain to palpation from L4 through S1 (left greater than right), ankle jerks 1+, downgoing Babinski's, and positive SLR at 40 degrees on the left and negative on the right. He opined the patient was not at MMI since he did not have sufficient PT and recommended EMG/NCV and six to eight sessions of therapy.*

On September 3, 2008, D.O., denied the request for 18 sessions of PT with the following rationale: *"The number of formal PT sessions proposed/requested far exceeds the number recommended by cited criteria; this amount of formal PT is likewise not supported by achievable information."*

On September 26, 2008, M.D., denied the request for 18 sessions of PT with the following rationale: *"There is no medical necessity for 18 sessions of physical therapy. The records document that the claimant was injured xx ago. The records suggest that the claimant has completed some therapy, but it is unclear how much since the date of injury. While the designated doctor's evaluation recommended additional physical therapy, the current request exceeds the ODG guidelines. Although the claimant may still benefit from a few additional physical therapy visits, there is no documentation to support that this claimant would be an outlier to the ODG recommended 10 visits of over 8 weeks."*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL

BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Documentation reviewed indicates a recent acute change in level of pain from the ESI which may improve level of function by increasing strength and endurance to the lumbar stabilizers by undergoing a brief period of formalized PT. The patient very well could benefit from additional physical therapy however the request for 18 sessions is not reasonable or necessary per ODG therefore the denial must be upheld.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES