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DATE OF REVIEW: 10/22/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy (2 x a week for 5 weeks)

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Physical Therapy (2 x a week for 5 weeks)	97032, 97112, 97001	-	

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury is listed as xx/xx/xx. The records available for review document that the claimant developed difficulty with low back pain when the claimant performed a pushing activity in the work place.

A lumbar MRI was obtained on 2/26/08. This study disclosed findings consistent with a disc herniation at the L4-L5 level, as well as a disc bulge at the L3-L4 and L5-S1 levels.

A right lumbar medial branch block was performed to the L1, L2, L3, L4, L5, and S1 levels on 3/31/08 and 4/14/08.

A left lumbar median branch block was provided to the L1, L2, L3, L4, L5, and S1 levels on 4/7/08 and 5/28/08.

A designated doctor evaluation was accomplished on 4/28/08. This evaluation was performed by Dr.. This physician documented that previous treatment included physical therapy services, and it was documented that physical therapy services did not improve the claimant's pain symptoms. This physician did not place the claimant at a level of maximal medical improvement.

A designated doctor evaluation was performed by Dr. on 8/11/08. This physician did not place the claimant at a level of maximal medical improvement.

Lumbar trigger point injections were provided to the claimant on 8/20/08.

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

Item in dispute: physical therapy services, 2 times per week for 5 weeks

The date of injury is approximately xx months in age. There are documented symptoms of chronic low back pain. The records available for review document that previous treatment has included access to treatment in the form of therapy services. Past treatment has also included access to treatment in the form of medial branch blocks, as described above. The records available for review do not document the exact number of therapy services previously provided to the claimant, but the records available for review document that past treatment in the form of therapy services have not significantly decreased pain symptoms or enhanced functional abilities.

Based upon the documentation presently available for review, medical necessity for treatment in the form of therapy services would not appear to be established. Official Disability Guidelines would support an expectation that a person could perform a proper non supervised rehabilitation regimen when a person is this far removed from the onset of symptoms and when therapy services have previously been provided. As a result, presently, medical necessity for this request would not appear to be established, particularly when the documentation available for review indicated that past treatment in the form of therapy services has not significantly decreased pain symptoms or enhanced functional capabilities.

ODG Physical Therapy 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. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#), including assessment after a "six-visit clinical trial".

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (arthroplasty): 26 visits over 16 weeks

Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment: 48 visits over 18 weeks

Spinal stenosis (ICD9 724.0):

10 visits over 8 weeks

See 722.1 for post-surgical visits

Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):

10-12 visits over 8 weeks

See 722.1 for post-surgical visits

Curvature of spine (ICD9 737)

12 visits over 10 weeks

See 722.1 for post-surgical visits

Fracture of vertebral column without spinal cord injury (ICD9 805):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also [Procedure Summary](#) entry):

10 visits over 8 weeks

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

ODG Physical Therapy Guidelines