



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 09/26/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twelve additional sessions of physical therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with experience in the evaluation and treatment of the spine-injured patient

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. forms
2. referral
3. Denial letter, 08/19/08
4. Denial letter, 08/28/08
5. Carrier records
6. Therapy referral, 07/31/08
7. Physical therapy initial evaluation, 08/12/08
8. Letter of , M.D. to Company, 08/31/08
9. Fax cover, 08/13/08 and 08/20/08
10. Clinical notes, 07/31/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This xx-year-old male was lifting heavy objects on xx/xx/xx. He suffered a straining injury to his lumbar spine. He has had symptoms of back pain with pain radiating into the lower extremities. An MRI scan is reported to have revealed canal stenosis. There

have been no physical findings suggestive of radiculopathy. The patient has been treated with physical therapy and medications. Epidural steroid injection were recommended but not provided to date. There is no documentation of the patient's presence in physical therapy or his response to physical therapy treatments. Previous requests for additional physical therapy have been denied and reconsideration denied.

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

The patient has suffered a typical straining injury of the lumbar spine. His evaluation suggests some clinical compromise with the lumbar canal; however, the actual MRI scan report is not present in the medical record reviewed. There are no physical findings confirming radiculopathy. The current diagnosis is lumbosacral strain syndrome. The medical record does not include observations made as the patient participated in prior sessions of physical therapy, nor does it include documentation of his response to physical therapy treatments. In the absence of the observed benefit in compliance with physical therapy program, denial of a request for additional physical therapy is appropriate.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Low Back Chapter, Physical Therapy passage
Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)