

# P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fax: (323)556-0556

## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/04/2009

**IRO CASE #:**

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Physical therapy 2 x 4 97001, 97110, 97124, 97035, 97140, 97012 (G0283 npr) Cervical

### **REVIEW OUTCOME**

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

Overtuned (Disagree)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o 02-20-08 CT chest read by Dr.
- o 02-21-08 Chest radiographs read by Dr.
- o 04-09-08 Cervical MRI no signature
- o 05-13-08 Initial Pain Consultation from Dr.
- o 06-02-08 Procedure Notes from PA-C
- o 06-16-08 Follow-up Notes from PA-C
- o 06-31-08 Follow-up Notes from PA-C
- o 07-31-08 Procedure Notes from Dr.
- o 09-04-08 Follow-up Note from Dr.
- o 11-04-08 Follow-up Note from Dr.
- o 12-11-08 Follow-up Note from Dr.
- o 02-12-09 Visit notes, PA-C
- o 03-31-09 EMG/NCV study read by Dr.
- o 05-07-09 Visit notes from PA-C
- o 08-18-09 Physical examination notes, PA-C
- o 09-21-09 Follow-up note from Dr.
- o 10-06-09 Initial Adverse Determination Letter
- o 10-29-09 Follow-up note from Dr.
- o 11-05-09 Fax request for reconsideration from Medical
- o 11-16-09 Notification of Reconsideration Determination
- o 11-18-09 Confirmation of Receipt IRO request from TDI
- o 11-18-09 Case Assignment of IRO from TDI

## PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is a male who sustained an industrial injury to the neck and bilateral shoulders on xx/xx/xx when a truck carrying utility poles hydroplaned. Some poles penetrated the driver's side window and pushed through to the back grazing the patient's shoulder and hitting his seatbelt as he dove to the right. He was initially evaluated in a hospital where x-rays were taken and MRIs were performed.

Chest x-rays and CT scan performed xx/xx/xx were interpreted as normal.

Cervical MRI was performed on April 09, 2008 and reveals: C5-6 with a left posterolateral disc extrusion with occupies the left lateral recess and results in central canal stenosis to 7 mm with moderate proximal left neural foraminal narrowing. This disc measures 10 mm craniocaudal by 4 mm AP area. Disc degeneration with mild loss of disc height at C5-6.

The current provider provided a pain management consultation on May 13, 2008. He reports electric shock sensation in the back of the neck that travels into both shoulder blades. He reports numbness, tingling and weakness with reaching movements. He reports left greater than right low back pain. He reports a pain level ranging from 5-9/10. He has been provided a TENS unit and reports benefit with PT. He completed PT but the therapist found significant knotting in the muscles and was unable to resolve these. He is otherwise in good health. He is 6' 2" and 174 pounds. He has pain with neck movements. There is mild questionable diminishment of left triceps reflex and a questionable Spurling's on the left. Shoulder motion is good. The low back is significant for tenderness and tightness. He will trial Lyrica. He is recommended trigger point injections and neurosurgical approval due weakness in the upper extremities and an extruded disc fragment.

Trigger point injections were provided on June 2, 2008 (and 06/16/08, 06/30/08 and 01/31/09).

On June 16, 2008 the patient is noted to be working full duty. He is using Ibuprofen at bedtime and Wellbutrin twice daily. The neurosurgeon opined he is not surgical. Additional conservative care was recommended. Assessment is cervical disc and myofascial pain. Recommendations included a TENS unit, Norco, PT and trigger point injections. The notes of June 30, 2008 indicate the patient has previously had a cervical epidural injection (date not reported). TENS unit and Skelaxin are recommended.

At follow-up on September 4, 2008 the patient is working full time and reports good response with the TENS unit trial. Lyrica is discontinued.

On November 4, 2008 the patient is receiving 50% less pain benefit from use of the TENS. He went to a required medical exam and recommendation was for deep tissue massage. He has not benefited from the trigger point injections and continues to report sharp, shooting, electric like pain in the neck, shoulders and upper extremities.

At follow-up on December 11, 2008 the patient was noted to have been given an impairment rating of 5%. Continued massage therapy was recommended as this gives him relief of the myofascial component of his pain. PT with myofascial therapy is requested as it has enabled him to work without difficulty.

PA-C treatment notes of February 12, 2009 note myofascial trigger points are "absent." He is better in the daytimes and rarely uses Norco. He is using Voltaren and TENS unit. He should continue exercises with stretching and needs TENS supplies.

Right upper extremity nerve studies were performed on March 31, 2009 for occasional right upper extremity pain and interpreted as normal.

On August 18, 2009 he is ordered massage therapy of 8 sessions for myofascial pain. On September 21, 2009 the patient is reporting depression, forgetfulness, headaches, poor sleep and numbness. He is using Norco 5 mg and Voltaren. The TENS unit is no longer helping his myofascial pain. Skelaxin is no longer helping his pain. He is requested PT with myofascial release for an exacerbation.

Request for 8 sessions of PT was considered in review on October 6, 2009 with recommendation for non-certification. A peer discussion was realized with the provider. Rationale for non-determination notes the services are requested for myofascial release 19 months post injury. The reports do not clarify why additional modalities are requested, especially electrical stimulation when it has been noted the patient is not benefiting from a home TENS unit. Additionally, the request is for 5:1 ratio of passive/active treatment which is not appropriate. The patient's response to prior PT has not been clarified.

The patient was seen in follow-up on October 29, 2009. He is using Norco 3-4 times daily. He continues to work full duties which often involves a lot of driving.

On November 5, 2009 the provider requested reconsideration.

Request for reconsideration 8 sessions of PT was considered in review on October 6, 2009 with recommendation for non-certification. A peer discussion was attempted but not realized. The current diagnosis is intervertebral disc disorder with myelopathy, cervicalgia, myalgia and myositis. ODG recommends 9 visits of PT over 8 weeks for cervicalgia. The patient has been provided four sessions of trigger point injections in 2008 without significant benefit, 20 sessions of PT with benefit, a TENS unit purchases for home use and injections. Nerve studies of March 2009 showed a normal study. Rationale for non-determination noted PT notes were lacking and the total amount of PT provided was not clarified.

Request was made for an IRO.

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

ODG supports 10-12 visits of PT over 8 weeks for a diagnosis of cervical disc displacement and 9 visits over 8 weeks for neck pain.

The patient attended a RME in November 2008 and recommendation was for deep tissue massage. He was deemed MMI with a 5% impairment. In December 2008 the provider recommended continued massage therapy as this gives him relief of the myofascial component of his pain. It is not clear if massage was provided at that time, however at the February 2009 follow-up it was noted that myofascial trigger points are "absent." Six months later in August 2009 the patient is reporting a flare-up and additional therapy has been recommended.

The patient benefited from PT with muscle work in 2008, however the therapist noted significant muscle knots remained. The patient appears to have increased signs and symptoms since August 2009, although a thorough physical examination is not reported. His narcotic medication use is increased and his TENS is no longer helping. The patient is not surgical and medications are not currently helpful. As the patient is MMI, additional treatment could be reasonable for an exacerbation. Support could be given for brief return to PT to resolve an exacerbation. The content of the PT requested is 97124 (massage) as well as 97110 (therapeutic procedures), 97035 (ultrasound), 97012 (traction) and G0283 (electrical stimulation).

As the patient is driving with increased narcotic use and is clearly in exacerbation, a brief course of PT with focus on myofascial release and return to HEP could be supported.

Therefore, my recommendation to disagree with the previous non-certification for 8 visits of PT to the cervical spine described as, physical therapy 2 x 4 97001, 97110, 97124, 97035, 97140, 97012 (G0283 npr) Cervical.

The IRO's decision is consistent with the following guidelines:

**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 KNOWLEDGBASE

\_\_\_\_ 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

The Official Disability Guidelines - Neck and Upper Back Chapter (10-13-2009), Physical Therapy:

Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks.

ODG Physical Therapy Guidelines -

Allow for fading of treatment frequency (from up to 3 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".

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks

Displacement of cervical intervertebral disc (ICD9 722.0):

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 (fusion, after graft maturity): 24 visits over 16 weeks

Degeneration of cervical intervertebral disc (ICD9 722.4):

10-12 visits over 8 weeks

See 722.0 for post-surgical visits

Brachial neuritis or radiculitis NOS (ICD9 723.4):

12 visits over 10 weeks

See 722.0 for post-surgical visits