



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 2/10/09

**IRO CASE #:**

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

The services requested include CPT codes 97110, 97140 (times two) and G0283 to consist of 12 total sessions.

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

The reviewer is a Doctor of Chiropractic with greater than 10 years of experience in this field. Secondly, these services are provided by this reviewer on a daily basis.

**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)

The reviewer disagrees with the previous adverse determination regarding code 97110. The reviewer agrees with the previous adverse determination regarding codes 97140 and G0283.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: Companies, Dr., Dr., Dr., Dr. and Dr..

These records consist of the following (duplicate records are only listed from one source): : DD report with 69 of 9/5/08, intake paperwork, 7/29/08 DD report, Form 1 of 10/20/06, notes from from 11/9/06 to 12/11/06, 7/15/08 note by Dr., various DWC 73's, DWC 53 of 5/31/08 and an undated form 1.

Companies: 11/25/08 preauth request, 12/17/08 preauth request (exhibit A), 11/14/08 eval by Dr. 12/2/08 denial letter, Exhibit B-12/23/08 denial letter, Exhibit C- (this exhibit indicates a copy of the report by Dr. is present; however, it

was not provided in this exhibit) 12/2/08 review by DC, Exhibit D-patient records regarding a from Hospital in xxxx (4 pages; disregarded), 12/26/07 lumbar MRI report, notes from xxxx from 11/9/06 to 1/2/08, 2/13/08 evals and patient planning eval by PT, T. and, MD, note by MD of 3/19/08, treatment notes by Dr. from 7/15/08 to 9/16/08, 9/2/08 note by, MD, lumbar MRI report of 10/16/08 and various DWC 73's.

Dr.: 1/26/08 letter by Dr..

Dr.: handwritten and typed notes from 8/6/08 to 1/28/09 and an operative report of 12/5/08.

Dr.: IME report of 1/5/09, letter to Dr. undated and a 5/20/08 DD summary.

Dr.: neurodiagnostic testing of 10/2/08.

Dr.: office visit and exam notes of 11/25/08 and 8/26/08.

We did not receive an ODG Treatment Guidelines from Carrier/URA.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was injured on xx/xx/xx while employed with the xxxx as a food services worker. She fell on a wet floor while washing dishes. She struck her hands and knees on the ground upon falling. She presented to and Dr. for treatment. She complained of shoulder pain, thoracic and lumbar pain, and right wrist pain. She was treated with conservative care and sent to work with restrictions. In June of 2008 she changed treating doctors to Dr.. In July of 2008 her LBP was at a 6/10. An MRI in October of 2008 indicates L4/5 foraminal narrowing and a 4 mm left disc protrusion flattening the thecal sac and left S1 nerve root with left neuro-foraminal narrowing. Neurodiagnostic testing revealed similar information to the MRI.

In October of 2007 she suffered a right knee injury. The majority of her physicians opine that this injury is hampering her progress in the lumbar spine. She had surgery on this injury in early December 2008.

She had been evaluated by Dr. (orthopedics) in November 2008 who opined that she is a surgical candidate for her lumbar spine. His review of the MRI is a stage three herniation, nuclear extrusion, disc desiccation, and spinal stenosis. For these diagnoses, he recommends a decompressive lumbar laminectomy, discectomy, arthrodesis with internal fixation and a bone growth stimulator.

This patient was placed at MMI by a designated doctor, Dr. on 9/5/08 with a 0% impairment rating. This rating was performed at Center. The insurance reviewing doctors were a DC (Dr.) and a MD (Dr.). Dr. felt that he did not have a sufficient history of PT to give the requested PT and recommended a home exercise

program. Dr. opined that she could not recommend further PT without the 'ability to discuss the case with the provider'.

There is an obvious discrepancy of opinions regarding this case. Therefore the reviewer opines is as follows.

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

This patient has had two injuries within the frame of reference of this case. One cannot totally separate the sequelae of one injury from the other because they are interdependent. The knee injury would surely affect the function of the lumbar spine and vice versa. This patient has had a corrective surgical procedure to the knee. She has had an exacerbation of her symptoms in the low back during her home exercise program (HEP).

According to the ODG, the requirements for a surgical procedure include the following: 1) symptoms and findings 2) Imaging findings and 3) conservative treatment. Part of the requirement of conservative treatment includes either physical therapy or manual therapy.

This provider is requesting both of these procedures as well as interferential current. It is the reviewer's opinion that the manual therapy described by Dr. will not likely produce the required results (myofascial release and joint mobilization) due to the length of presence of the condition. However, it is likely that the patient will benefit from the active therapeutics of a properly designed therapeutic exercise program. The previous program with indicates that 7 sessions were performed in 2006. The notes indicate that Dr. did not perform PT with her secondary to her issues of knee pain in early 2008.

The ODG notes "There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain."

However, this patient has not done well with an unsupervised program to date. This is likely because she was not given the proper amount of in office rehab prior to being placed in an unsupervised environment as per the carrier reviewer's opinion. The level of supervision can be ramped down by seeing the patient for a higher number of visits at first while exploring the new program and

gently ramping the visits down until she is performing the majority of the work at home. The reviewer indicates that this fits well within the ODG guides and makes sense for the patient, carrier, treating doctor and the employer.

**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)