

SENT VIA EMAIL OR FAX ON
Jul/26/2009

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional 12 Physical Therapy visits over 4 weeks

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 6/10/09 and 6/25/09
MRloA 6/9/09 and 6/25/09
Clinic 3/26/09 thru 6/5/09
OP Report 5/12/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old man injured in a fall in a bathroom On xx/xx/xx. I do not have the MRI report. It reportedly showed a disc herniation at l3/4 and facet changes at l5/S1. He had back pain and reportedly left radicular pain. He had an epidural injection at L3/4 and L5/S1 with reportedly little improvement. He had 7 sessions of physical therapy ending on 3/31/09.

These included passive treatment. Dr. performed a left L4/5 transforminal and caudal ESI on 5/12/02. Apparently this helped more. He received 6 sessions of physical therapy that included ultrasound, traction, hot/cold packs and therapeutic exercise from 5/20 to 6/5/09. The therapist requested on 5/26 additional therapies of twice week for 3-4 weeks. Dr. noted on 6/5 that he had made progress in the prior 6 weeks and was now tolerating 65 pounds of traction. He requested the additional 12 sessions of therapy over 4 weeks. This would include stretching and a home program.

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

The ODG recognizes the importance of therapy in the recovery of back pain. I did not have the MRI report to review. The narrative spoke of facet changes in the L5/S1 distribution and an HNP at the L3/4 level. The role of epidural injections is for the treatment of a radiculopathy followed by an active therapy program. The emphasis is on an active/aggressive program with passive modalities and traction in at most an adjunct role. The emphasis after an ESI is a self directed program and the ODG recognizes 2 such sessions that can be included in any acute active therapy programs. The ODG advises at most 12 sessions over 8 weeks, but generally less than that amount. This person had 13 sessions and the request for the additional 12, which included traction and passive modalities does not comply with the ODG. The requesting physician did not provide a reason and medical justification to over rule the ODG. He had 6 sessions after the ESI and was making improvement per Dr.. He should have received training for a self-directed program as recommend by the ODG.

Physical therapy (PT)

Recommended. 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. ...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. ([Hayden, 2005](#)) **Studies also suggest benefit from early use of aggressive physical therapy** (“sports medicine model”), **training in exercises for home use**, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support...**Successful outcomes depend on a functional restoration program, including intensive physical training, versus extensive use of passive modalities....Physical therapy is the treatment of a disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, activities of daily living and alleviating pain....**

Active Treatment versus Passive Modalities: The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with acute low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. ([Fritz, 2007](#)) The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530)....

Post Epidural Steroid Injections: ESIs are currently recommended as a possible option for short-term treatment of radicular pain (sciatica), defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The general goal

of physical therapy during the acute/subacute phase of injury is to decrease guarding, maintain motion, and decrease pain and inflammation. Progression of rehabilitation to a more advanced program of stabilization occurs in the maintenance phase once pain is controlled. There is little evidence-based research that addresses the use of physical therapy post ESIs, but it appears that most randomized controlled trials have utilized an ongoing, home directed program post injection. **Based on current literature, the only need for further physical therapy treatment post ESI would be to emphasize the home exercise program, and this requirement would generally be included in the currently suggested maximum visits for the underlying condition, or at least not require more than 2 additional visits to reinforce the home exercise program.** ESIs have been found to have limited effectiveness for treatment of chronic pain. **The claimant should continue to follow a home exercise program post injection.**

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".

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

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 weeks

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

10-12 visits over 8 weeks

Traction

Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based [conservative care](#) to achieve [functional restoration](#). As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. ([Beurskens, 1997](#)) ([Tulder, 2002](#)) ([van der Heijden, 1995](#)) ([van Tulder, 2000](#)) ([Borman, 2003](#)) ([Assendelft-Cochrane, 2004](#)) ([Harte, 2003](#)) ([Clarke, 2006](#)) ([Clarke, 2007](#)) ([Chou, 2007](#)) The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There was moderate evidence that autotraction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. ([Clarke-Cochrane, 2005](#)) Traction has not been shown to improve symptoms for patients with or without sciatica. ([Kinkade, 2007](#)) The evidence is moderate for home based patient controlled traction compared to placebo. ([Clarke, 2007](#)) A clinical prediction rule with four variables (non-involvement of manual work, low level fear-avoidance beliefs, no neurological deficit and age above 30 years) was identified. The presence of all four variables (positive likelihood ratio = 9.36) increased the probability of response rate with mechanical lumbar traction from 19.4 to 69.2%. ([Cai, 2009](#)) See also [Powered traction devices](#); [Vertebral axial decompression](#) (VAX-D); [IDD therapy](#) (intervertebral disc decompression); & and [Orthrotrac vest](#).

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

- ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)