

I-Resolutions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/31/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 2xWk x 2Wks Lumbar; Physical Therapy 1xWk every 2 weeks

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 5/15/09, 6/12/09

PT/OT Pre-Auth Form, 7/3/09, 6/5/09, 5/13/09

, 7/3/09, 7/2/09, 6/4/09, 6/1/09, 6/4/09, 5/12/09, 5/13/09, 5/18/09,
5/28/09, 5/19/09, 5/6/09, 12/12/08, 12/3/08, 12/15/08, 12/10/08, 11/26/08,
11/17/08, 12/1/08, 11/11/08, 11/3/08, 11/13/08, 3/23/09, 12/16/08, 12/11/08,
12/5/08, 12/4/08, 11/24/08, 11/21/08, 11/18/08, 6/30/09, 6/12/09, 5/29/09,
4/9/09, 4/2/09, 3/13/09, 3/2/09, 2/23/09, 2/12/09, 2/5/09, 1/30/09, 1/21/09,
1/13/09, 1/2/09, 12/19/08, 12/10/08, 12/8/08, 12/1/08, 11/20/08, 11/13/08,
11/6/08, 10/31/08

Prescriptions, Ambien, Vicodin

FCE, 6/18/09

, 4/7/09

, MD, Ph.D., 4/29/09

MD, 3/31/09

Lumbar Myelogram, 3/26/09

Lumbar CT, 3/26/09

MRI Lumbar Spine, 11/25/08

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old man injured on xx/xx/xx when hit in the back by plywood. He developed

back pain with pain to his left leg. He had an MRI and CT scan that showed disc herniations at L4/5 and L5/S1 with compromise of the left L4 and L5 roots and a L4/5 extraforaminal protrusion. There was a possible left subarticular foraminal disc herniation at L3/4. He had therapy in November and December 2008 without success. Dr. (4/17/09) wrote that he had therapy but it "did not help his condition." He continued with limited therapy and an FCE in May and June. The FCE (6/18/09) reported limitations in the assessment due to his pain with movements. The therapist wrote on 7/2/09 of his poor tolerance to exercises. The doctors requested additional therapy since "Further rehab is needed because of decrease range (sic) of motion and pain." They requested additional physical therapy to work toward a home program. The goal was to reduce his symptoms and enter a work hardening program. Dr. advised nerve root blocks, but it appears he refused these.

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

The request for the additional therapy is based on his lack of improvement and need for more treatment. However, records indicate there was a lack of improvement with therapy last winter, and the therapists have described more pain with more activity. There is no reason given for his lack of improvement in the records. It is unclear from the records if nerve blocks are still under consideration. The therapy sessions recommended by the ODG are for up to 10 sessions over 8 or fewer weeks. This claimant has had more than this number of therapy sessions to date. The reviewer cannot justify resumption of a previously unsuccessful program for this patient. The request exceeds the number of sessions recommended by the ODG. The reviewer finds that medical necessity does not exist for Physical Therapy 2xWk x 2Wks Lumbar; Physical Therapy 1xWk every 2 weeks.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)