

Wren Systems

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional 12 sessions of physical therapy on the lumbar spine

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, 6/30/09, 6/17/09
, MD, 7/15/09, 3/6/09
Request for Reconsideration, 6/26/09
PT Progress Note, 6/10/09
MRI Lumbar Spine, 5/18/09
AP and Lateral Views of the Lumbar Spine, 5/18/09
Consultation and Letter of Medical Necessity, 7/1/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old man who slipped and fell at work on xx/xx/xx. His MRI showed chronic disc desiccation at L3/4, L4/5 and L5/S1 with disc protrusions at that level. None reportedly contacted nerve roots. Dr. described bilateral symptoms with more on the left. He had reduced strength and sensory loss in multiple dermatomes. Dr. described ongoing pain and limited and guarded motion. He walks with a cane due to the pain. Dr. feels epidural injections are needed. He received 18 sessions of prior physical therapy. Dr. did not describe any neurological loss. He feels an additional 12 sessions are necessary to improve his function.

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

The man reportedly has bilateral symptoms worse on the left than the right. He has no neurological loss described by Dr. , but some by Dr. . The MRI showed degenerative changes. The ODG guidelines are such that up to 10 therapy sessions are appropriate for lumbar sprain, strain, lumbago, or disc disorders (without surgery). This is to be at a reducing level with a transfer to home health program. The patient has already had 18 sessions. No information was provided to explain why the additional 12 sessions were necessary beyond the recommended 10 sessions and the 18 he already received. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Additional 12 sessions of physical therapy on the lumbar spine.

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)