

# Becket Systems

An Independent Review Organization  
71 Court Street  
Belfast, ME 04915  
Phone: (512) 553-0533  
Fax: (207) 470-1075  
Email: [manager@becketystems.com](mailto:manager@becketystems.com)

**DATE OF REVIEW:** Jun/24/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 12 Sessions of Physical Therapy for Lumbar Spine

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

Chiropractor  
AADEP Certified  
Whole Person Certified

**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  
Determination Letters, 5/28/09 6/4/09  
Clinic, Preauthorization Request, 5/14/09, 3/18/09  
Medication Management, 3/27/09  
MD, 5/14/09  
FCE, 5/15/09  
MRI Lumbar Spine, 9/8/08  
, MD, 1/6/09, 9/29/08,  
Orthopedic Physical Therapy, 1/9/09, 1/6/09, 1/8/09  
Clinic, 8/18/08, 9/12/08, 8/8/08  
Note, 9/29/08  
Lumbar Spine X-Rays, Three views, 8/19/08  
Rehab, no date

**PATIENT CLINICAL HISTORY SUMMARY**

This man has a date of injury of xx-xx-xx. He was apparently lifting an air conditioner when he injured his low back. He underwent 12 sessions of physical therapy in September 2008. An MRI of the Lumbar Spine from 9/8/08 revealed a right posterior disk protrusion at L4/5. The patient had three lumbar ESIs, which gave him little relief. He has been treated with medication. The patient has also had 9 sessions of physical therapy at the Clinic. He was seen by Dr. who has recommended another MRI of the lumbar spine. He was seen by Dr. for an orthopedic consult. Twelve (12) additional sessions of therapy are now being requested.

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

The injured employee has already completed more than 20 sessions of physical therapy for this xx-xx-xx injury. The injured employee currently does not meet the OD guideline for an additional 12 sessions of physical therapy. The request greatly exceeds the number of sessions recommended in the guidelines, and no reason has been provided as to why the guidelines should not be followed in this patient's case. The reviewer finds that medical necessity does not exist for 12 Sessions of Physical Therapy for 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)