



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 05/31/09

**IRO CASE NO.:**

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

Item in dispute: 6 sessions of physical therapy for the cervical spine and right shoulder

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

Texas Board Certified in Physical Medicine & Rehabilitation

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Documentation from Dr. 06/24/05
2. Progress notes, 11/15/08, 11/18/08, 11/22/08, 12/20/08, 01/09/09, 01/17/09
3. Cervical MRI report, 12/12/08
4. Lumbar MRI report, 12/12/08
5. Functional Capacity Evaluation report, 01/07/09
6. Documentation from Dr. 02/03/09, 03/03/09, 03/04/09, 03/05/09, 03/10/09, 03/11/09, 03/16/09, 03/17/09, 03/18/09, 03/20/09, 03/23/09, 03/24/09, 04/13/09
7. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The date of injury was listed as xx/xx/xx.

The employee underwent a Designated Doctor Evaluation by Dr. on xx/xx/xx. On that date, the employee sustained an injury in the workplace on xx/xx/xx when he tripped and fell down three stairs.

When a Designated Doctor Evaluation was conducted by Dr. , the employee was diagnosed with a herniated disc at the L3-L4 level with some stenosis. The employee was also diagnosed with a large herniated disc at the L5-S1 level with marked displacement of the left S1 nerve root. It was documented that the employee was a surgical candidate, but he did not wish to pursue surgical intervention. The employee was placed at a level of Maximum Medical Improvement (MMI) and awarded a total body impairment of 10%.

Handwritten notes were available for review entitled "Progress notes". A progress note dated 11/15/08 indicated the employee had complaints of low back pain and right shoulder pain. It was documented that the employee had experienced pain symptoms since 2005 when he fell down some stairs.

A cervical MRI was accomplished on 12/12/08. This study revealed findings consistent with mild disc bulging at the C4-C5 and C5-C6 levels. The report did not describe the presence of a compressive lesion upon any of the neural elements in the cervical spine.

A lumbar MRI was obtained on 12/12/08. This study disclosed findings consistent with mild to moderate lumbar spondylosis. There was evidence of a disc protrusion at the L3-L4 disc level. The report described findings of "mass effect" upon the right L3 nerve root.

A Functional Capacity Evaluation (FCE) was conducted on 01/07/09. This evaluation revealed the employee was capable of sedentary work activities.

The employee was evaluated by Dr. at Clinic on 02/03/09. On this date, the employee was diagnosed with cervical disc displacement and mild fasciitis. This physician indicated the date of injury with respect to symptoms of cervical pain was 11/12/08. It was documented that symptoms with respect to cervical pain were not present before 11/12/08.

Dr. reassessed the employee on 03/17/09, at which time it was recommended the employee be evaluated by Dr. It was also recommended that an electrodiagnostic assessment be accomplished. Additionally, this physician recommended treatment be considered in the form of an epidural steroid injection in an effort to help decrease pain symptoms referable to the cervical region. Dr. indicated that symptoms of pain commenced when the claimant was attempting to move a washing and dryer.

It appeared the employee received fifteen sessions of chiropractic treatment from 02/03/09 through 04/13/09.

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

The records available for review document that there is a history of pain symptomatology referable to the cervical spine region and the lumbar spine region. The

available records did not document that there were any neurological deficits on physical examination. The claimant previously received access to treatment in the form of supervised rehabilitation services.

Based upon the records presently submitted for review, ***Official Disability Guidelines*** do not support a medical necessity for current medical treatment in the form of physical therapy services. The above noted reference supports an expectation that an individual should be capable of a proper nonsupervised rehabilitation regimen when an individual has received access to the amount of supervised rehabilitation services previously provided.

Hence, per criteria set forth by the above noted reference, as it relates specifically to the medical necessity of ongoing treatment in the form of supervised rehabilitation services, there would currently not be a medical necessity for treatment in the form of supervised physical therapy services.

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

1. ***Official Disability Guidelines***