



# Lumetra

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One Sansome Street, Suite 600  
San Francisco, CA 94104-4448

415.677.2000 Phone  
415.677.2195 Fax  
www.lumetra.com

**DATE OF REVIEW:** 5/6/09

**IRO CASE #:**

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

Physical therapy 3 x week for 4 weeks

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

Certified by the Texas Board of Chiropractic Examiners

**REVIEW OUTCOME**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective		97140	Upheld
		Prospective		97116	Upheld
		Prospective	722.10	97110	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Practitioners' letter/request/notes dated 4/24/09, 4/23/09, 4/15/09, 2/6/09, 1/21/09, 11/4/08

Computerized Muscle Testing and Range of Motion reports dated 4/9/09, 2/6/09

Operative report dated 12/2/08, 12/1/08

Official Disability Guidelines cited –Low Back, Physical Therapy Guidelines

### **PATIENT CLINICAL HISTORY:**

This claimant reported a work injury to the lumbar spine on xx-xx-xx and has subsequently received multiple surgeries, which included thoracolumbar laminectomies and lumbar fusion L4 through S1, to correct the condition. Post operative care included outpatient physical therapy, pain medications, TENS unit and Biofreeze. On 12/1/08, the claimant underwent surgery consisting of fusion and decompression. On 12/2/08, the patient returned to surgery for hematoma aspiration along with removal of the Gill fragment at L2 and partial laminectomy at L3 for residual decompression. Postoperative care included inpatient physical therapy (7-8 sessions), followed by outpatient physical therapy (24 sessions). Additional sessions were requested to help strengthen the claimant.

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

The Reviewer commented that there is strong evidence that physical methods, including exercises and return to normal activities have the best long-term outcome in patients with lower back pain. Post surgical care consisting of physical therapy methods have long been utilized. Based on the report dated 11/4/08, the claimant has been provided a long non-operative duration of care with his usual treating physicians in addition to injections without benefit prior to the December 2008 surgeries. Based on the records, it appears that the claimant was injured in xxxx and has been disabled since that time.

The ODG treatment guidelines allow for 34 sessions of physical therapy post surgical fusion. In this case, the claimant has been provided an adequate trial of supervised physical therapy. There was no remarkable benefit from the physical therapy provided thus far to support the assertion of significant improvement. Therefore, in the professional opinion of the Reviewer, the requested sessions of physical therapy are not medically necessary.

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

- ACOEM- AMERICAN 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)**