

**DATE OF REVIEW:** 5/7/2009  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Physical Therapy Lumbar Spine 3x4 (97110, 97140, G0283)

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from and completed training in Physical Med & Rehab at. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in.

**REVIEW OUTCOME:**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Physical Therapy Lumbar Spine 3x4 (97110, 97140, G0283) Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a female. She is status post a MRI which indicated multilevel disc bulges from L3-L5. Her medications include Hydrocodone and Lodine. Physical therapy has been recommended.

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

The request is not medically necessary since the request is for 12 sessions of physical therapy. The diagnosis is lumbar sprain/strain with lumbar radicular syndrome. The injured worker underwent 3 sessions of physical therapy followed by a request for extension of 12 additional sessions. According to ODG guidelines, up to 10 visits of physical therapy over 8 weeks is recommended for lumbar sprain/strain and 10-12 visits over 8 weeks for diagnosis of lumbosacral neuritis/radiculitis. Since the claimant has already had 3 sessions of physical therapy to date the request for 12 additional therapy sessions is in excess of the standard ODG recommendations and as such can not be considered 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
- X** 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)