

## Notice of Independent Review Decision

**DATE OF REVIEW:**

10/22/2009

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Physical Therapy (PT) to the lumbar spine (97110, 97140, and 97112) two times per week for three weeks to be done 10/05/09-11/30/09.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

**REVIEW OUTCOME**

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**Physical Therapy (PT) to the lumbar spine (97110, 97140, and 97112) two times per week for three weeks to be done 10/05/2009-11/30/2009 is not medically necessary.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a female with date of injury xx/xx. The injured individual had a lumbar strain and had 54 chiro visits, PT from xxx to xxxxx, epidural steroid injections (ESIs), a hernia repair in 04/2002, multiple surgical and psychiatric evaluations, a six week pain program, and multiple medications. She is noted to be depressed and nonsurgical. The pain program made her worse. She uses a cane. The MRI showed a herniation of nucleus pulposus (HNP) at L5/S1 and electromyogram (EMG) showed a left S1 radiculopathy. She had a negative bone scan and negative hip MRI. She had an impairment rating of 10% in 03/2003. A past Functional Capacity Exam (FCE) noted she gave an invalid and inconsistent effort. Her Attending Provider (AP) is now requesting restarting PT.

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

The injured individual had PT from 01/2002 to 06/2004. She then had a six week chronic pain program in 2003 that did not help her at all. Her injury is almost xxxx years old. She has a noted diagnosis of depression and no treatment done thus far has benefitted her. There is no indication to



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revisit a failed rehabilitation program as there is no evidence the injured individual is doing a Home Exercise Program (HEP) on her own. PT is fully supported in the acute injury phase and its goal is to improve the injured individual's condition and teach the injured individual a HEP. The injured individual has not achieved improvement either with PT or other treatment in the past therefore repeating the requested PT is not warranted.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**