

# Wren Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/16/2009

**IRO CASE #:**

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

Physical Therapy 3x/week x 2 weeks for the lumbar region, Codes 97110, 97140, 97112

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Management

**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**

Adverse Determination Letters, 8/19/09, 8/28/09

Carrier Submission Letter, 10/1/09

ODG Treatment Guidelines, Low Back, Pain

MD, 9/28/09, 8/24/09, 8/7/09

Pain Institute 1/8/03

Dr. DC, 7/7/03-8/7/03

M.Ed., 6/6/03, 1/28/04

Clinic, 10/17/03-4/24/08

Imaging, 4/19/04

Dr. MD, 5/14/04

Spine Surgery, 4/29/04, 9/27/04

MD, 6/11/04

Orthopedics, 11/24/04

Dr. MD, 4/7/05-5/7/09

Dr. 5/13/07

Imaging, 4/28/09

Dr., MD, 4/28/09

Dr., MD, 7/9/09

Dr., MD, 7/14/09, 8/11/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man injured on xx/xx/xx. He subsequently underwent an L4/5 laser discectomy in 2002 followed by a second one that year at L5/S1. He subsequently underwent an L4/5 and L5/S1 hemilaminectomy and discectomy in 2003. He had a fusion at L4/5 and L5/S1 in 2004. He continued to have pain. He had a CT scan in May 2009. Dr. felt that the fusion left a pseudoarthrosis and needed hardware removal. Dr. did an RME on 7/9/09 and disagreed, feeling the fusion was solid and the hardware was not causing pain.

Dr. wrote: "...the effects of the 2001 work event with multiple lumbar surgeries will never completely resolve." Dr. evaluated the patient on 7/14/09. His neurological examination showed some symmetrical reflex reduction and 4+ strength with some symmetrical decrease in lower extremity sensation. He performed epidural steroid injections on 7/31/09. Dr. has requested that the patient have additional physical therapy to improve his strength. He wrote: "He has not yet reached his pre-injury functional level. He is expected to continue to demonstrate further improvements in all parameters with physical rehabilitation." Denial of the treatment, Dr. wrote, would worsen the recovery.

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

The ODG justifies limited therapies directed at a home program for post injection patients. The ODG approves 1-2 visits over 1 week for post injection PT. The 6 therapy sessions that have been requested in this case exceed the number recommended by the ODG. Further, the treatment requested is for manual therapy, therapeutic exercise and neuromuscular reeducation. A recent rephrasing of the AMA criteria for neuromuscular reeducation, 97112, requires that there be neurological loss. This is not documented. For both reasons, the adverse determinations for the 6 therapy sessions is upheld. The reviewer finds that medical necessity does not exist for Physical Therapy 3x/week x 2 weeks for the lumbar region, Codes 97110, 97140, 97112.

Physical therapy (PT)

Post Epidural Steroid Injections: ESIs are currently recommended as a possible option for short-term treatment of radicular pain (sciatica), defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The general goal of physical therapy during the acute/subacute phase of injury is to decrease guarding, maintain motion, and decrease pain and inflammation. Progression of rehabilitation to a more advanced program of stabilization occurs in the maintenance phase once pain is controlled. There is little evidence-based research that addresses the use of physical therapy post ESIs, but it appears that most randomized controlled trials have utilized an ongoing, home directed program post injection. Based on current literature, the only need for further physical therapy treatment post ESI would be to emphasize the home exercise program, and this requirement would generally be included in the currently suggested maximum visits for the underlying condition, or at least not require more than 2 additional visits to reinforce the home exercise program. ESIs have been found to have limited effectiveness for treatment of chronic pain. The claimant should continue to follow a home exercise program post injection.

**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)

AMA Criteria for Neuromuscular Reeducation, 97112