

Notice of Independent Review Decision

DATE OF REVIEW:

09/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twelve sessions of physical rehabilitation (twelve active/passive range of motion PT; lumbar).

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.

Twelve sessions of physical rehabilitation (twelve active/passive range of motion PT; lumbar) is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx year old female with date of injury xx/xx/xx. The injured individual has complaints of back and left leg pain. There is no MRI available. The injured individual had eighteen physical therapy (PT) sessions and one epidural steroid injection (ESI) thus far. The only PT note of 07/13 does not mention what treatment session this is but notes the injured individual has a pain score of 7, strength 4-/5 and pain with range of motion (ROM). The attending provider (AP) note of 07/14 does not indicate how much PT she has had and notes positive bilateral radicular findings.

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

The injured individual has a six month old injury. The injured individual has had eighteen PT sessions per the prior review although the one PT note provided does not indicate how many sessions. She has had one ESI as well which would indicate PT was not helping her progress. The Official Disability Guideline (ODG) will allow up to ten PT for lumbar injuries and this injured individual has had almost double that number with ongoing complaints. There is no medical necessity to continue with PT at this point.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical

Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks