

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: September 15, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 12 visits, active rehabilitation for the thoracic/lumbar spine 3 x per week X 4 weeks. (CPT codes: 97116, 97110, 97530, 97022, 97140, 97535, G0283, 97112, 97010)

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners and licensed in the state of Texas. The reviewer has been in active practice for over 25 years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization Reviews (08/03/09 – 08/17/09)

- Office visits (07/24/09)
- Letters (07/27/09 – 08/25/09)
- PLN-11 (07/29/09)
- Utilization Reviews (08/03/09 – 08/17/09)

- Office visits (07/28/09 – 08/11/09)
- PLN-11 (07/29/09)
- Utilization Reviews (08/03/09 – 08/17/09)

- Office visits (07/21/09 – 07/31/09)
- Letters (03/02/09 – 08/27/09)

- Accident/injury investigation supervisor's first report of injury (03/03/09)
- Utilization Reviews (08/03/09 – 08/17/09)

ODG have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who was assisting a coworker in lowering a 60-lb headlight from a 6-foot ladder to the ground and injured her neck, shoulder, back, and hip. The incident occurred on xx/xx/xx.

On July 21, 2009, the patient was evaluated at the and for severe low back and mid back pain, hip and groin pain. The pain extended up to the base of the neck and posterior shoulders. The hip and groin pain radiated into the thighs occasionally. History was positive for high blood pressure and mitral valve prolapse. She was utilizing Aleve, high blood pressure medications, and aspirin. She utilized Aleve, heat, icy hot to the affected area for relief. Examination revealed burning, numbness, and tingling, stiffness, and spasms in the affected area. Lumbar/hip examination revealed bilaterally positive Valsalva, bilaterally positive straight leg raise (SLR) in a sitting position, bilaterally positive Hibb's test, bilaterally positive Kemp's test, and painful thoracic spine range of motion (ROM). The patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy, intervertebral disc disorders, lumbosacral root lesion (NEC), thoracic or lumbosacral neuritis or radiculitis, cervical/thoracic root lesion, spasm of the muscle, generalized muscle weakness, and stiffness of joint. The treatment plan consisted of chiropractic, physical medicine modalities, and rehabilitation three times per week for four weeks as well as magnetic resonance imaging (MRI) of the lumbar spine.

, D.O., noted the patient was initially treated at the , where she was diagnosed with muscle strain and hypertension, x-rays were performed and blood pressure medications (HCTZ) were prescribed. Dr. noted tenderness over the paraspinal musculature of the cervical spine, thoracic spine, and lumbar spine with decreased ROM, myositis and myospasms. Tenderness was present over the lateral hips bilaterally in the inguinal area. He added the diagnosis of unspecified myalgia myositis; cervical, thoracic, and lumbar strain; and bilateral hip strain; prescribed Motrin, tramadol, Zanaflex; and recommended physical therapy (PT).

, D.C., noted the patient had moderate-to-severe pain in the low back, mid back, hip/groin area, neck, and shoulders. Examination revealed tenderness bilaterally at C7-S1, trapezius, gluteus medius, tensor fascia latae (TFL), groin, and lateral hip/pelvic areas. She had increased muscle tone bilaterally in the paraspinal muscles of C7-S1, trapezius, TFL, and gluteus muscles. Dr. requested 12 visits of PT, an MRI of the lumbar spine, and medical evaluation with Dr. .

DWC PLN-11 dated July 29, 2009, indicated that the disputed current treatment as being related to the incident of xx/xx/xx. There was no medical to establish that the patient suffered any injury at the time the incident occurred. There was no medical to support that there was any injury, damage or harm to the physical structure of the body at the time the incident occurred.

On August 3, 2009, , M.D., nonauthorized the request for PT for the lumbar/thoracic spine three times a week for four weeks. Rationale: "The

claimant's date of injury was five months ago. There is no medical indication for PT at this point in time. I called Dr. on July 29, at 11:30, I spoke to Dr. . He states claimant was first seen on July 21, 2009. She complained of low back pain with radiation to hips, groin, and leg (not sure which leg). No evidence of neurologic compromise."

On August 17, 2009, , D.C., nonauthorized the request for PT, with the following rationale: *"This claimant is a xx-year-old female who injured her back on xx/xx/xx. She is currently five-and-a-half months post soft tissue injury. The claimant had continued to work her normal work duties since the date of injury. She was initially seen at the ER where she was treated with medications. She has not had any other medical care or treatment since the ER visit following the injury. There are no other intervening medical claims or records for about five months, at which time she presented for an initial exam with the current provider on July 21, 2009. An initial examination was performed on July 21, 2009, which indicated severe pain in the low back, mid back, hip/groin area, neck, and shoulder. She complained of pain level 8/10 on pain scale. She has positive orthopedic tests. There was no evidence of restricted ROM to support the current request. There was no evidence of any recent flare-ups or aggravations. The current request exceeds the Official Disability Guidelines (ODG) PT guidelines for this work injury. The ODG does not support the passive therapies currently requested for the back, especially five-and-a-half months' post soft tissue injury. The current request exceeds the number of allowed visits as well as the number of allowed visits per session. The current request is not consistent with the evidence-based guidelines, ODG, for this five-and-a-half month old soft tissue injury. The claimant has remained working since the date of injury, a return to work duties has the best long-term outcome per ODG. Based on the documentations provided, objective and subjective findings this request is not medically necessary. Non-authorization is advised."*

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

Based on the records submitted for review, the claimant reported an injury occurred on xx/xx/xx. The injury reportedly involved the lumbosacral region. It appears that an individual named had insisted that the claimant help him with a flasher that weighed about 48.5 pounds. There is an indication in the records that the claimant presented to on 03/13/09; however, those records were not provided for review. On 07/31/09, the claimant presented to the chiropractor. The claimant also obtained legal representation that same day. The claimant had complaints of neck and shoulder pain, and lower back and hip pain. The diagnoses from the chiropractor were displacement of the lumbar IVD, displacement of the cervical IVD, lumbosacral nerve root lesion, thoracic nerve root lesion, thoracic/lumbosacral radiculitis, joint stiffness, muscle spasms, and muscle weakness. These diagnoses were not supported by the chiropractor's documentation. The claimant was described as a 5'2" tall female weighing 145 pounds complaining of severe pain.

Based on the records provided, the claimant had not sought any medical intervention since the day of the incident over 5 months ago. The treating doctor was requesting lower back rehabilitation including but not limited to electrical stimulation, hot/cold packs, manual therapy, gait training, neuromuscular re-education, whirlpool therapy, self-care management training, therapeutic

exercises, and therapeutic activities. There was no indication in the records that the claimant missed work due to this incident.

Based on the records submitted for review, the claimant could have possibly sustained a soft tissue strain; however, that would be a self-limiting injury that would have reasonably resolved in 4 to 6 weeks regardless of medical intervention. There is no support in the records provided for the intensive/extensive physical therapy requested or the diagnoses from the chiropractor as related to the incident of xx/xx/xx.

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**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**