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Notice of Independent Review Decision

DATE OF REVIEW: September 24, 2009

IRO CASE #:

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

This case was reviewed by a Pain Management (Board Certified) doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy: Mechanical traction therapy; therapeutic exercises; manual therapy; therapeutic activities

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o April 17, 2009 through August 17, 2009 utilization review records Physician Review
- o June 24, 2009 through August 24, 2009 records from M.D.
- o July 22, 2009 review of medical history and physical examination report by D.O.
- o July 22, 2009 report of medical evaluation by D.O.
- o July 3, 2009 designated doctor summary report
- o April 15, 2009 functional capacity evaluation report from Medical Center
- o February 4, 2009 through May 5, 2009 progress notes from Medical Center
- o May 5, 2009 through August 28, 2009 records from Medical and Family Care

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an industrial injury on xx/xx/xxxx. On April 17, 2009, 9 physical therapy visits were certified for a diagnosis of lumbosacral sprain. The sessions were to include mechanical traction, therapeutic exercise, neuromuscular reeducation, and manual therapy. On July 10, 2009, additional physical therapy was denied as additional physical therapy exceeded the ODG recommended course for the diagnosis submitted. The request was reviewed again on July 30, 2009 and was again denied as the patient apparently underwent 9 sessions of therapy which brought about overall improvement and elimination of her pain complaints with no significant objective findings. An August 17, 2009 utilization review report rendered a decision of non-certification. The physician noted that evaluation on July 22, 2009 indicated that the patient have full range of motion of all joints and several other negative findings. Strength, sensation, and reflexes were all normal. At the time, the patient had completed 9 sessions of physical therapy which met the ODG recommendation.

The records reflect that the patient underwent physical therapy in the quantity of 9 treatments between May 5, 2009 and June 4, 2009. At the last evaluation, dated June 4, 2009, the patient reported 0/10 pain with symptoms that increased with bending forward. There were no longer radicular complaints. The patient requested a referral to a spine specialist and/or an MRI. The patient was referred and underwent an evaluation on June 24, 2009.

The June 24, 2009 report indicates that the patient has had 9 sessions of physical therapy, which she feels made her low back pain worse. X-rays were reviewed with the patient and reportedly demonstrated a grade 1 spondylolisthesis. She was advised to lose weight and modify her diet. The physician also recommended physical therapy in the form of William flexion exercises. It was recommended that the patient lose weight and undergo additional physical therapy. Examination findings included the ability to easily touch her toes on forward flexion, normal sensation in all dermatomes, no midline and lumbar tenderness, tenderness over the sacroiliac joint, and 25 degrees thoracolumbar extension.

She was reevaluated on July 27, 2009 and it was noted that there has not been a change in her condition. The recommendation was for 12 physical therapy treatments.

According to a July 22, 2009 medicolegal report, a February 4, 2009 progress note indicated that there was full range of motion of all joints, no pain with active range of motion, no muscle spasms, negative straight leg raise, no tenderness to palpation, some pain with movement of the the lumbar area, 5/5 motor strength, normal light touch, normal pinprick sensation, and normal reflexes. The patient initially did not want to go to physical therapy because it interfered with her work schedule. She wanted to go back to work without restrictions. She was allowed to go back to work on February 13, 2009 and has been working ever since. Eventually, the patient decided to go to some therapy. The patient was examined and the examination of the lumbar spine was normal. Upon review of the medical records and physical examination, the examinee had complaints and symptoms in the lumbosacral spine with no significant clinical findings. She was assigned a 0% whole person impairment due to the condition.

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

Upon evaluation one day following the injury, the patient demonstrated a largely benign physical examination. She initially declined to go to physical therapy and expressed that she felt that she was able to work full duty. Nevertheless, the patient attended 9 sessions of physical therapy and had informed her physician that it made her back worse. The patient was evaluated by an independent physician and a July 22, 2009 report notes that the lumbar spine was examined and was found to be normal. It was noted that the patient has complaints in the lumbosacral spine with no significant clinical findings and she was provided 0% whole person impairment. Absent significant objective physical examination findings, proceeding with a course of physical therapy is not indicated. In addition, the records do not contain a clear indication that the patient has objectively benefited from physical therapy.

The IRO's decision is consistent with the following guidelines:

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

According to the Official Disability Guidelines: Lumbar Chapter

Physical/Occupational Therapy:

Recommended.

ODG 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

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

Medical treatment: 10 visits over 8 weeks