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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 03/22/2010

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), 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

12 sessions of physical rehabilitation

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

- Submitted medical records were reviewed in their entirety.
- Treatment guidelines were provided to the IRO.
- 11-10-09 PT treatment notes from Clinic
- 11-30-09 Physical Therapy progress note from, PT
- 01-07-10 Physical Therapy Evaluation from Dr.
- 01-13-10 Request for Preauthorization from Family Practice
- 01-13-10 Peer Review Report
- 01-14-10 Initial Adverse Determination Letter
- 01-27-10 Request for Reconsideration from Dr.
- 02-02-10 Adverse Determination Letter to Provider for reconsideration
- 02-04-10 Adverse Determination Review for reconsideration
- 03-05-10 Confirmation of Receipt of IRO from TDI
- 03-05-10 Request for IRO from the Claimant
- 03-08-10 Notice of Case Assignment of IRO from TDI

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is a female employee who sustained an industrial injury to the neck and low back on xx/xx/xx. She is followed with family practice medicine for continuing neck and low back complaints.

The patient was assessed in PT on November 10, 2009. The handwritten notes appear to indicate the patient was instructed in HEP for cervical range of motion and low back stretches. She was also seen on the 17th, 19th, 24th and 30th of November. At visit number 2 the patient states she has to walk with her right leg stiff due pain. She is very guarding and complains of pain with the exercises. At visit number 3 she asks if she could benefit from chiropractic. She is less antalgic this visit but does not relate any decrease in pain. Therapy content is both active and passive.

The patient was reassessed in PT on November 30, 2009. The patient states the therapy is not helping at all. She has an antalgic gait, right lower extremity pain, persisting headache. She reports no benefit but is able to tolerate increased activity with the exercises. She will see her MD today.

On January 7, 2010 the patient was reassessed by her provider for neck pain and lower back pain with activities. She describes a pain level of 10/10 for both the cervical and lumbar regions. She guards with ranges of motion. Tenderness is noted in the cervical and lumbar regions and along the bilateral trapezius. Cervical flexion is to 10 degrees and extension to zero with pain reported. Right rotation is to 5 degrees and left to 10 degrees. Lumbar motions are similar, although right and left lateral flexion are to 5 degrees. Deficits are noted as severe pain, decreased ROM, decreased strength of the cervical and lumbar regions, decreased ability for walking and sitting. She will begin Phase I of her active rehabilitation protocol which will focus on improving active ranges of motion. Neuromuscular reeducation and modalities will also be utilized. The exercises are described. Request was made for additional PT on January 13, 2010.

Request for 12 sessions of PT was considered in review on January 13, 2010 with recommendation for non-certification. A peer discussion was attempted but not realized. Per the reviewer, the claimant has completed 9 visits of PT. She was returned to work on December 7, 2009 but then changed providers and was subsequently taken off work on December 30, 2009. The PT assessment of January 7, 2010 noted cervical and lumbar flexion to 10 degrees and zero cervical and lumbar extension. Strength was noted at 2+/5 in the low back and neck. ODG supports 9 sessions of PT for the claimant's diagnosis and no medical rationale for exceeding the recommendations has been provided. The claimant should be transitioned to a HEP at this time to complete rehabilitation.

The provider made a request for reconsideration on January 27, 2010. The patient can still demonstrate improvements in AROM, strength and tolerance and performance of sitting, standing, bending, walking, squatting, lifting, pushing and pulling. She has not yet reached her pre-injury functional level. She needs a level of care beyond the scope of a home exercise program.

Request for reconsideration 12 additional session of PT was considered in review on January 14, 2010 with recommendation for non-certification. Per the reviewer, the patient has attended the recommended amount of therapy and there is no comprehensive assessment of the claimant's response to therapy completed to date in order to support additional therapy. The patient should be able to complete her rehabilitation with a HEP.

Request for appeal, 12 additional sessions of PT, was considered in review on February 4, 2010 with recommendation for non-certification. Per the reviewer, the mechanism of injury was not reported. The patient was returned to modified work on December 7, 2009. A PT note on November 30, 2009 notes she is responding poorly to PT and she was advised to return to her MD. She changed providers and was again referred to PT and taken off work on December 30, 2009. On January 7, 2010 the patient reported pain of 10/10 with pronounced functional difficulty. There is no mention of the prior PT in this report. There is no documentation to show she has had any favorable response to PT.

Request was made for an IRO

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

ODG supports 9 visits of PT over 8 weeks for cervical strains and cervical disc conditions without myelopathy. 10 visits of PT over 8 weeks are supported for lumbar strains and intervertebral disc disorders without myelopathy.

After 9 visits of PT the patient has zero cervical extension and zero lumbar extension and reports a pain level of 10/10 and no benefit from the previous PT provided. The mechanism of injury has not been reported. The patient was returned to modified work but changed providers and was taken off work. The patient clearly has barriers to improvement and resolution of her injuries. Lacking any demonstartion of functional improvement with the previous PT provided, additional PT would not be supported.
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

The Official Disability Guidelines, Neck & Upper Back (01-21-1010) Physical Therapy:

Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. See also specific physical therapy modalities, as well as Exercise.
ODG Physical Therapy Guidelines -
Allow for fading of treatment frequency (from up to 3 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".
Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):
9 visits over 8 weeks
Sprains and strains of neck (ICD9 847.0):
10 visits over 8 weeks
Displacement of cervical intervertebral disc (ICD9 722.0):
Medical treatment: 10 visits over 8 weeks
Post-injection treatment: 1-2 visits over 1 week
Post-surgical treatment (discetomy/laminectomy): 16 visits over 8 weeks
Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks
Degeneration of cervical intervertebral disc (ICD9 722.4):
10-12 visits over 8 weeks
See 722.0 for post-surgical visits

The Official Disability Guidelines, Lumbar Chapter (03-04-1010) Physical Therapy
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
Sprains and strains of unspecified parts of back (ICD9 847):
10 visits over 5 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
Post-injection treatment: 1-2 visits over 1 week