



CLAIMS EVAL

Utilization Review and
Peer Review Services

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 3-29-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions over 8 weeks for cervical spine of the following:
97032 Electrical Stimulation, 97035 Ultrasound Therapy, 97110 Therapeutic Exercises
and 97112 Neuromuscular Re-education

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

Doctor in Chiropractic Medicine

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 10-20-09, , DC., office visit.
- 10-27-09 X-rays of the cervical spine.
- 11-9-09 MRI of the cervical spine.
- , DC/, DC., office visits on 12-15-09 and 1-11-10.
- Undated, DC., request for cervical spine physical therapy.
- 1-11-10 strength and range of motion evaluation.
- 1-11-10, DC., Utilization Review.
- 1-27-10, DC., Utilization Review.

- 2-22-10, MD., office visit.

PATIENT CLINICAL HISTORY [SUMMARY]:

On 10-20-09, , DC., reported the claimant injured his cervical and lumbar spine. The 12-15-09 exam shows the claimant has decreased range of motion, decreased strength and decreased functional ability in the cervical region. The claimant was also seen by Dr., MD., who recommended the claimant have physical therapy for the work related injury. The requesting physical therapy is to increase the claimant's cervical strength, range of motion and functional ability. Additionally, the requested physical therapy will help the claimant from becoming deconditioned.

X-rays of the cervical spine dated 10-27-09 showed cervical spondylosis.

MRI of the cervical spine dated 11-9-09 shows at C5-C6, with a mild diffuse disc bulge and facet hypertrophy resulting in mid to moderate left neural foraminal stenosis, but with no right neural foraminal stenosis. There is no central canal stenosis. There is no cervical spine fracture.

12-15-09, DC/, DC., the claimant was working on 10-20-09 when he slipped on stairway that was wet. The claimant fell backwards and landed on his back. He reported striking his lower back against one of the steps, upper back against a step and his head snapped back and forward. The claimant rated his pain as 4-6/10. The claimant complained of neck, mild/lower back pain, decreased range of motion in the neck and lower back, decreased strength and decreased functional ability such as squatting, bending, lifting, sitting and walking. Orthopedic testing reveals positive foraminal compression test and positive shoulder depression test bilaterally. The claimant had hypertonicity at bilateral quadratus lumborum, palpatory tenderness at L4, L5 and S1. The claimant has positive Yeomans testing, positive Ely's test bilaterally, positive Patrick Fabere's test bilaterally, and positive iliac compression test on the right. Muscle strength was 5+/5 through the right upper extremity. DTR were 2+ symmetrically. There was decreased sensation at the right lower extremity at L4, L5 and S1 dermatomes. The evaluator recommended a Physical Performance Evaluation. The claimant is attending active physical therapy for his lumbar spine injury. The claimant will be sent for orthopedic evaluation.

1-11-10, DC/, DC., the claimant shows improvement since the initial exam, but still has some limitation in range of motion. There was mild tenderness upon palpation of the bilateral paraspinal muscles in the cervical spine and trapezius bilaterally. Orthopedic testing shows positive shoulder depression bilaterally. The evaluator recommended a PPE to determine his current level of function. The claimant has completed his active physical therapy for the lumbar spine and has made improvement in his lumbar range of motion and lumbar function. The claimant will be sent for active physical therapy for his cervical spine.

Undated, DC., request for cervical spine physical therapy. The evaluator reported the claimant still has "lagging behind his cervical region." The claimant has not had any

active therapy for the cervical region at this time. The claimant shows some decrease in range of motion, decreased strength, and decreased functional ability in the cervical spine region. The requested physical therapy is to increase the claimant's cervical strength, range of motion and functional ability.

1-11-10 strength and range of motion evaluation notes the claimant has made increases in his lower body strength and range of motion when compared to initial exam values. The claimant still exhibited indications of decreased reparative strength, non-functional endurance levels and decreased range of motion levels when compared to norm in the cervical spine. The claimant has not had any active physical therapy for the cervical spine only for the lumbar region, the lumbar has made improvements. The claimant should continue attending active physical therapy sessions to address his physical deficits affecting a positive rehabilitation outcome for the cervical spine.

On 1-11-10, , DC., performed a Utilization Review. He noted that the available documentation fails to illustrate that a reasonable level of improvement, progress or lasting benefit has been achieved with the prior trial of chiropractic care and physical medicine therapy to support the necessity for additional therapy being introduced versus the use of an appropriate home self care and active exercise program in accordance with current treatment guidelines. Non-certification.

On 1-27-10, , DC., performed a Utilization Review. The evaluator reported that the most recent evaluation dated 1-11-10 does not demonstrate significant functional improvement or significant improvement upon orthopedic testing to support the necessity of continued care of 10 additional visits over 8 weeks as requested.

2-22-10, MD., the claimant presented with low back and neck pain radiating to the right leg. The claimant rates his pain as 7/10 in neck and low back, as well as right leg pain. On exam, the claimant had 5/5 strength in all muscle groups. DTR are equal and symmetrical. Sensory is normal in all dermatomes. The claimant has limited range of motion in the lower back with extension. He has positive SLR on the right. Achilles tendon reflex is 1+ compared to 2+ on the left side. EHL extension is 3+ on the right side and 5/5 on the left side. The evaluator requested a copy of the EMG/NCS of the lower extremity. He ordered an EMG of the upper extremities. The evaluator reported that it is likely the claimant will need surgical decompression at L5-S1. He should continue with active care.

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

The claimant has had previous physical therapy (amount not noted) for a cervical and lumbar injury occurring approximately three months prior to the date of the initial request under review. This request is specifically described as for the cervical spine and consists of 10 sessions, of a single unit each, of electric muscle stimulation, ultrasound, neuromuscular reeducation, and therapeutic exercise. The most recent cervical examination (01-11-10) demonstrates a positive shoulder depressor test, normal muscle strength and reflexes, and mild decreases in cervical range of motion, essentially

unchanged from testing performed on 12-15-09. Documentation states that no active therapy was given to the cervical spine to date. However, no rationale is described for not addressing this complaint in the three months since the injury. Specific functional goals or deficits are not clearly outlined. Nationally-accepted guidelines do recommend physical therapy for cervical complaints, however, these recommendations indicate that passive therapies should only be initiated early in care, with an equally early emphasis on active, home-based therapies so as to allow tapering toward independence within the first few months. This request, though stated as active, is actually 75% passive and was initially requested long after that time in which evidence-based guidelines would expect passive care to be effective for this claimant. At this stage of the recovery process, the medical necessity of continued treatment is based on at least two criteria: the demonstrable need of supervised therapy over a self-directed home program, and the expectation that those therapies provided will progress the claimant toward functional restoration rather than provide temporary palliative relief. Neither criterion is met by the documentation reviewed in this case. Given this, the medical necessity of this request is neither reasonable nor medically indicated.

ODG-TWC, last update 1-21-10 Occupational Disorders of the Neck and Upper Back – Cervical 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. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) 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. (ConlinI, 2005) 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. (Kongsted, 2007) 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

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
- 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)