



Medical Review Institute of America, Inc.  
America's External Review Network

January 29, 2010

DATE OF REVIEW: January 28, 2010

IRO Case #:

**Description of the services in dispute:**

1. Physical Therapy 3x 4 weeks (12) sessions (CPT #97110 and #97140).

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

The physician who provided this review is board certified by the American Board of Physical Medicine & Rehabilitation in General Physical Medicine & Rehabilitation and Pain Medicine. This reviewer has been in active practice since 2005.

**Review Outcome:**

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

Upheld.

Given that there is limited examination evidence of significant functional deficits that would exceed current evidence based recommendations for physical therapy for radiculopathy, 12 sessions of physical therapy at this time would not be medically necessary.

**Information provided to the IRO for review:**

**Records Received by the State:**

Notice of Assignment of IRO dated 1/12/10, 11 pages

**Records Received by Concerta:**

Review determination letter dated 11/25/09, 10/30/09, 5 pages

**Records Received by Dr.:**

Letter dated 1/13/10 to MRloA, 1 page  
Patient history dated 12/31/09, 4 pages  
Work Status Report, 12/18/09, 12/4/09, 10/23/09, 10/15/09, 9/25/09, 9/17/09, 9/11/09, 7 pages  
Follow up visit dated 12/18/09, 12/4/09, 12/2/09, 10/23/09, 10/15/09, 9/25/09, 9/17/09, 12 pages  
Impairment rating MMI/IR, DC, 3 pages  
Reconsideration request dated 11/20/09, 1 page  
Letter from ESIS dated 11/25/09, 11/2/09, 5 pages  
Report of Medical Evaluation, 11/3/09, 1 page  
Preauthorization request dated 10/28/09, 1 page  
Physical therapy progress note 10/30/09, 10/26/09, 10/23/09, 10/21/09, 10/19/09, 10/16/09, 10/15/09, 10/9/09, 10/7/09, 10/5/09, 10/2/09, 10/1/09, 12 pages  
Physical therapy re-evaluation dated 10/26/09  
Neuro-consultation by Dr. dated 10/16/09, 3 pages  
Insurance verification form, 10/6/09, 1 page  
MRI Lumbar Spine, 9/17/09, 2 pages  
Medical Consultation, Dr., 9/8/09, 3 pages

### **Patient clinical history [summary]**

The patient is a female who sustained an injury on xx/xx/xx. The patient was carrying trash bags to a dumpster when she began to have a burning sensation in the lumbar spine. MRI lumbar spine dated 09/17/2009 reports prior post-operative changes consistent with a right hemilaminectomy at the L3-4 level. Left lateral recess stenosis is noted secondary to facet arthrosis at this level. Mild bilateral neuroforaminal narrowing is noted at the L4-5 level secondary to mild disc bulging. The patient was seen on 09/19/2009 complaining of low back pain radiating to the right leg. Physical examination reports positive straight leg raise to the right side with pain during range of motion of the lumbar spine. No focal neurologic deficits are appreciated. The patient was recommended for physical therapy. Medications prescribed included Ibuprophen and Flexeril, Mobic, and Ultracet. The patient began physical therapy on 10/01/2009. Clinical follow ups state the patient is improving with continued low back pain. Electrodiagnostic studies demonstrated mild left L5 radiculopathy. Physical therapy evaluation dated 10/26/2009 states the patient has improvement in the lower extremities with continued low back pain. The patient has developed a home exercise program that she is in compliance with. Physical therapy modalities performed through October include passive modalities such as ultrasound. The patient had undergone 12 physical therapy sessions by 10/30/2009. Prior authorization review dated 10/30/2009 did not find additional physical therapy for 12 sessions medically necessary as there were no serial progress notes that would objectively document progress with prior therapy. The number of sessions exceeded evidence based specifications for number of treatment sessions. Impairment rating dated 11/03/2009 reports point tenderness at the lumbar spine at the L5-S1 segment and point tenderness in the left upper sacroiliac joint. Mild to moderate muscle spasms are noted from L3-S1. The patient ambulated with

an antalgic gait with decreased weight bearing in the left lower extremity. Reduced range of motion in the lumbar spine was noted. A second prior authorization review for 12 physical therapy visits found that additional therapy was not recommended as there was no clear rationale provided to support exceeding recommendations. Physical examination was reported as grossly unremarkable with no focal neurologic deficits noted. Subsequent physical examinations demonstrate no focal neurologic deficits with continued radiating pain.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The patient has undergone 12 sessions of physical therapy which demonstrated improvements in the patient's lower extremity strengths and stated goals were met. The patient has continued complaints of low back pain and radiating pain; however, the physical examinations do not demonstrate any clear functional deficits that would warrant continued physical therapy at this time. The patient was stated to be compliant with a home exercise program, and at this point in time it is reasonable to expect that the patient would be able to continue home exercise programs for any painful motions described subjectively. Given that there is limited examination evidence of significant functional deficits that would exceed current evidence based recommendations for physical therapy for radiculopathy, the prior non-certified determinations for the requested 12 sessions is upheld, and 12 sessions of physical therapy at this time would not be medically necessary.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG Low Back Chapter

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

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

Medical treatment: 10 visits over 8 weeks