

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 x Wk x 3Wks low back 97110 97140

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

M.D., Board Certified, Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/14/09, 12/23/09

Xxxxx 12/9/09, 11/18/09, 10/28/09, 10/21/09, 10/14/09, 10/22/09,

11/19/09, 11/17/09, 11/16/09, 10/19/09, 11/12/09, 11/10/09, 11/9/09, 11/6/09, 11/5/09,
11/4/09

Surgery Center 12/14/09

Health 12/9/09

OSA 10/14/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The progress notes of Dr. include an October 14, 2009 initial evaluation indicating that the injured employee fell from a two-step ladder. The injured employee has a history of diabetes. Plain radiographs noted no acute changes. An October 22, 2009 MRI that noted disc desiccation and a disc lesion at L5-S1 that compromised the S1 nerve root. It was noted that the injured employee was scheduled for a block of some sort. The injured employee continued to be symptomatic and the assessment became a severe lumbar strain. Physical therapy was completed and a lumbar block was planned. After multiple physical therapy sessions, no significant improvement was reported by the therapist. A lumbar epidural steroid injection was completed on December 14, 2009. This request was denied in a prior review because physical therapy has been completed and other interventions are possibly pending. There was objectification of degenerative changes in the lumbar spine.

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

This is an injured employee who fell from a two-step ladder. The initial assessment was of a lumbar sprain. Imaging studies noted a degenerative disc lesion. There has been significant physical therapy with no improvement. An epidural steroid injection was completed. The efficacy of this procedure was not noted in the records provided for this review. As per the ODG, post-procedure physical therapy would be limited to 1-2 visits over a one-week period.

“INTERVERTEBRAL DISC DISORDERS WITHOUT MYELOPATHY (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): POST-INJECTION TREATMENT: 1-2 VISITS OVER 1 WEEK”.

There is no information presented to support an additional nine sessions of physical therapy for this patient. The request exceeds the number of physical therapy sessions recommended by the ODG. The reviewer finds that medical necessity does not exist for Physical Therapy 3 x Wk x 3Wks low back 97110 97140.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)