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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 06/04/2010

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 Doctor (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

Physical therapy (3 times per week for 4 weeks) 12 visits

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is male who sustained an industrial injury to the low back on xx/xx/xx when lifting a washing machine.

The patient was assessed in PT on January 20, 2010. His signs and symptoms are consistent with the diagnosis of lumbar sprain/strain. Medical diagnosis is 847.2 lumbar strain. PT diagnosis is muscle weakness (728.87) and lumbago (724.2). He was previously independent with no limitation of ambulation, ADLs, work or recreation. He went to hospital on xxxxx. X-rays were taken. No prior history of back pain or injury with 9 years on the job. He is working light duty. He is using Skelaxin,

Hydrocodone, ibuprofen and methyprednisone. His medical history is significant for high blood pressure and asthma. He will see his physician on February 14, 2010. He has difficulty standing/walking more than 2 hours. He uses his hands when arising from sitting. He reports pain of 2/10 at rest and 4/10 with activities. Right lower extremity motor strength is 4/5 generally and 4-/5 for L2-3 and L4-5 dermatomes. Straight leg raise shows hamstring tightness. Lumbar flexion and extension are 25% with strength of 3+/5. He has strength and ROM deficits and would benefit from therapy with pool exercises.

The patient was reassessed in PT on February 23, 2010. He reports back pain of 4/10. He was advised of importance to attend PT consistently. He is making good progress toward goals. He continues to have mild pain with therapy activities. His balance has improved. He is still using prescription medication in the AM. Flexion/extensions strength has improved to 4/5. Range of motion is not reported.

PT notes of February 25, 2010 note pain of 3/10. The patient states he has been compliant with HEP. He will see his MD on February 26, 2010. He has not shown significant gains in strength, pain control or improved pain-free ROM. He would benefit from additional PT with pool exercises. Patient cancelled PT visit of March 2, 2010.

PT notes of March 4, 2010 note the patient still has 7 visits remaining. He reports a pain level of 3/10. He agreed to be more compliant with making and keeping appointments. On March 5 2010 the patient cancelled his PT visit.

Pt notes of March 8,2010 indicate the patient presented with pain of 1/10 and reported pain of 4/10 after therapy. He still lacks sufficient strength in his legs and core strength. On March 10, 2010 he reported pain of 2/10. He worked longer hours and is very tired. He arrived 15 minutes late. On March 12, 2010 he progressed to ore lateral pool exercises. He received a new script. He has four more approved sessions.

The patient was reassessed in PT on March 25, 2010. He reported a pain level of 5/10 with severe tightness and muscle spasm. His pain was decreased to 4/10 with therapy this visit. He reports difficulty with sitting and walking more than 3 hours. He has difficulty with bending forward. He has not done any lifting. He is now working 6 hours daily and making sure apartments are ready for use. He reports back pain of 3/10 at rest and 6/10 with activity. He is using non-prescription medication. Current lumbar spine strength is 3-3+ with flexion and extension. ROM is 14 degrees flexion and 5 degrees extension. His gait is slow and guarded secondary to back pain. On March 26, 2010 the patient cancelled his PT appointment.

The patient was reassessed in PT on April 1, 2010. He reports mid back pain of 5/10. He demonstrated increased pain and tenderness with palpation to erector spinae in the thoracolumbar spine. He has guarded mobility and poor posture and body mechanics. He has two more sessions approved. He will return to his MD in 3 weeks. He states he was doing better when working 4 hours daily and has worsened since working 6 hours daily.

A physician's medical report is not found in the submitted medical records.

Request for 12 visits of PT (3 x 4) was considered in review on April 9, 2010 with recommendation for non-certification. The patient has a diagnosis of generalized muscle weakness and lumbar sprain/strain. He is requested PT x 12 with procedures of manual therapy, therapeutic exercises, therapeutic activities, physical therapy evaluation and gait training. Per the reviewer, the clinical review criteria for PT have not been met. The patient is 3 months post-injury, is working 4-6 hours daily and has already attended 15 sessions of formally structured and medically supervised PT. ODG supports 10 visits of PT for the patient's diagnosis. The request was previously considered in review on March 18, 2010 with recommendation to allow three additional visits for smooth transition to HEP. A peer discussion was attempted but not realized.

Request for reconsideration 12 visits of PT (3 x 4) was considered in review on April 27, 2010 with recommendation for non-certification. Per the reviewer, the patient has been certified for 15 visits of PT for his lumbar sprain injury. He has been requested to transition from aquatic to land-based exercise. However, the documentation does not discuss current limitations, which require skilled intervention services. The claimant has exceeded the 10 visits recommended by ODG. The provider's nurse indicated the patient has back pain and thigh pain with an intact neurologic examination. There have been no diagnostic tests. His motivation appears low and he has exceeded treatment guidelines.

Request was made fore an IRO.

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

According to ODG, recommendation is for 10 visits of PT over 8 weeks for Lumbar sprains and strains (ICD9 847.2.).

The patient has attended 15 sessions of supervised PT with report of some cancellations. The records reflect a fair amount of progress with increased pain levels noted since the patient increased his work hours from 4-6 daily. He is currently using only non-prescription medication. PT assessments do not indicate quantitative range of motion except for the current report, which states 14 degrees flexion and 5 degrees extension and continued guarded gait and muscle spasm. This is not hopeful progress after 15 sessions of PT and HEP. A physician's examination is not submitted to clarify the patient's current subjective and objective symptoms and signs with rationale for additional formal PT versus HEP or additional diagnostic testing. On January 20, 2010 the therapist reported right lower extremity motor strength of 4/5 generally and 4-/5 for L2-3 and L4-5 dermatomes. This lower extremity motor deficit is not clarified since. The provider's assistant indicated the patient also has thigh pain, which does not appear in the PT progress notes. Considering all these facts, especially the very limited ROM reported, continuing formal PT

does not appear to be the best treatment plan at this time. The diagnosis may need updating by the physician. Unfortunately, a current physician's report is also not available to support the request. At this time, the medical records do not establish a medical necessity for additional formal PT.

Therefore, my recommendation is to agree with the previous non-certification for physical therapy (3 times per week for 4 weeks) 12 visits.

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
- 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 05-18-2010 Lumbar Chapter - Physical Therapy: Recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. See also Exercise. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain.

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 and 9 visits over 8 weeks for Lumbago; Backache, unspecified (ICD9 724.2; 724.5).