



IRO# 5356
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DATE OF REVIEW: 05/25/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Physical therapy 3 x 2 for the cervical, thoracic and lumbar spine

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

This case was reviewed by a Texas licensed DO, DC, specializing in Plastic Surgery, General Surgery, Chiropractic. The physician advisor has the following additional qualifications, if applicable:

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Physical therapy 3 x 2 for the cervical, thoracic and lumbar spine	97110, 97530	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	17	05/05/2010	05/05/2010
2	IRO Request		13	05/04/2010	05/04/2010
3	Office Visit Report		4	10/14/2009	10/14/2009
4	Office Visit Report		14	10/29/2009	02/23/2010
5	Office Visit Report		28	11/11/2009	03/31/2010
6	Initial Denial Letter		7	03/03/2010	03/31/2010
7	URA Records	ODG Low Back Chapter	340		
8	URA Records	ODG Neck Chapter	174		
9	URA Records	ODG Pain Chapter	381		

PATIENT CLINICAL HISTORY [SUMMARY]:

Medical Centers submits a xx/xx/xx initial medical report in which, M.D. has evaluated the patient post industrial event. Dr. states she "slipped on water in the break room, and fell into the ice machine, injuring my bottom, both hips, lower back, mid back, left and right ribs, left shoulder, and neck area". Dr. states she has no pain radiating down the legs or arms. She states the pain is worse in the bottom area and has pain when she sits on it. Plain film radiographs of the lumbosacral spine, sacrococcyx area and thoracic spine all are negative studies. Working assessment at this point includes cervical, thoracic, and lumbar spine strain, as well as back/buttocks contusion. The M.D. provider issues her a prescription for Ultram 50 mg every 6 hours for pain, an ice pack is dispensed with patient instructions for use. She is also dispensed one tube of Biofreeze with instructions to apply to affected areas four times a day. It was noted to the patient that she should have formal physical therapy but she stated she would rather go to her ortho spine specialist who has known her for quite a while and knows her medical conditions and would be more comfortable with her and requests a referral. Dr. submits a Texas Workers Compensation Work Status Report dated xx/xx/xx taking the patient to modified work duty through 11-11-09. MD from Orthopedics and Sports Medicine submits a report dated 10-29-09 for evaluation of this patient complaining of neck, mid and low back pain, as well as left shoulder pain. This provider notes patient's pain remarkable at VAS 6/10. Symptoms are worse with activity or lifting and worse with overhead reaching in the left shoulder. It is also worse with standing for prolonged periods or seating for a prolonged period such as work. Plain film radiographs of the left shoulder, cervical, thoracic, and lumbar spine, are taken in the office revealing no acute fractures or other osseous abnormalities. Impressions include traumatic work related cervical, thoracic, and lumbar spine sprain, as well as left shoulder sprain. Dr. is now ordering a physical therapy program to include massage and heat/cold as well as ultrasound and cold laser as well as to develop a home exercise program. She states she'll take at least 8-10 visits of physical therapy to cover the four body parts involved. She was given a prescription for Xanax which seems to help relax the muscles involved in the spasms. I've given the patient also a prescription pain medication at her request and an anti-inflammatory. Interestingly, Dr. states she has not seen the patient in the last 8 months as she started a new job and has been doing very well as far as her neck, mid back, and low back is concerned. This tells me this patient was treating for these injuries with this provider, and these are pre-existing complaints. Dr. states the patient has a follow up in the next 3-4 weeks. There is a Texas Workers Compensation Work Status Report submitted by Dr. on xx/xx/xx in which she is keeping the patient to modified work duty through 11-30-09. Dr. reevaluates patient on 11-19-09 and she states that at the initial consultation we prescribed chiropractic care for the patient. The M.D. states because of the delay in getting chiropractic care approved, she's only been able to receive 2 visits. She feels some numbness in her tail bone region as well as in the bilateral hands. She is mildly improved since her initial consultation and has continued to work full time. Dr. notes she is 5 foot 1 inch 148 pounds, which makes her approximately 41 pounds over her maximum ideal body weight. Under plan of care the doctor said states I would like her to continue with her chiropractic care and based on the suggestions from her nurse case manager we will not be giving her any more Xanax. She states the patient certainly has gotten relief in the past with Xanax and used it before with good effect; however we are going to make a change based on the guidelines as suggested by the nurse case manager. She is now issued a prescription for Flexeril to be used on an as needed basis. She may also try Tizanidine. She'll continue oral anti-inflammatories on an as needed basis and will continue at work full unrestricted duty except for restrictions described on the last office visit which includes lifting. Dr. submits a Texas Workers Compensation Work Status Report on xx/xx/xx maintaining the patient's modified work duty status through 12-19-09. The patient is now reevaluated by Dr. on 12-18-09 and she reports that the patient is reporting excellent improvement with chiropractic care and active release therapy. Her pain remains now VAS 5-7/10. She has really no tenderness described in the sacroiliac joint area or in the buttocks. She is capable of changing from a sit to stand and has been working full duty. The cervical spine range of motion has improved since the first visit. Working diagnoses remain the same as previously issued. The doctor is now issuing her prescriptions for generic Ambien 10 mg one at bedtime, Tramadol, as well as Amrix. Dr. is also requesting her continuation with chiropractic care. She may also benefit from 4-6 sessions of physical therapy.

Dr. submits an 11-11-09 initial medical report stating that he is the treating physician for this patient's work related injury dated xx/xx/xx. He notes that she will be issued mild spinal adjustments to restore normal joint function of the cervical, thoracic, and lumbar spines as well as the application of heat/cold packs, interferential therapy, active release techniques, and at this point her prognosis "guarded". She will continue at work modified duty. There are daily treatment notes submitted from the DC provider beginning 11-11-09, 11-18-09, 11-30-09, 12-02-09, 12-04-09, 12-07-09, 12-09-09, 12-11-09, 12-14-09, 12-16-09, 12-18-09, 12-21-09, 01-04-10, 01-19-10, 01-20-10, 01-27-10, 02-03-10, and 02-10-10. Dr. Sethi submits a Texas Workers Compensation Work Status Report dated 12-18-09 allowing the patient to return to work full unrestricted

duty as of that date. A follow up evaluation with Dr. dated 01-20-10 notes she has been under the treatment of Dr. and describes good improvement in her symptoms with chiropractic care. She now rates her pain 2-5/10. Her employer is giving her a new chair to sit at work and is adjusting her desk for appropriate height to reduce her symptoms. There's some mild spasm in the left cervical paraspinals at the base of about C6/C7 level which appears to be a tender point right in the muscles. She has good movement with flexion and extension of the cervical and lumbar spine. Working diagnoses remains the same and I believe several more sessions of chiropractic care would be helpful in bringing her to maximum medical improvement. I've given her prescriptions for Tramadol and Ambien and will see her back in 8 weeks. At that point she should be at MMI. A Texas Workers Compensation Work Status Report is submitted on 01-22-10 from Dr. keeping the patient at full unrestricted work duty. Dr. is now issuing a prescription dated 02-23-10 for continued chiropractic care an additional 6 sessions. There is a Texas Department of Insurance Notice to of Case Assignment dated 05-05-10. The provider's name is, DC. The physician who performed the initial medical review is, DC. The physician who performed the reconsideration/appeal review is, DC. Apparently Dr. on 03-03-10 submitted an adverse determination for an additional 6 sessions of physical therapy maneuvers to be performed to the Cervical, Thoracic, and Lumbar spines on behalf of Workers Comp services. Dr. opines this patient's date of injury is xx/xx/xx in which she slipped on a wet carpet onto a non-carpeted floor and her feet came out from under her and she twisted as she fell. She was complaining of neck, mid back, and low back pain with numbness when lying on her back, pain from her low back radiating to her right thigh. Dr. is now referencing the ODG guidelines in which he states 10 visits of physical therapy would be reasonable over a 5-8 week period of time. He notes that she is 4-1/2 months from her fall and has reportedly received approximately 18 separate sessions of physical therapy. He opines, given the minimal response to a conservative course of care, he is unable to endorse additional physical therapy beyond the guidelines. DC submits an adverse determination for reconsideration of the additional 6 sessions of physical therapy maneuvers on 03-31-10 from Workers Comp services in which he states this is a female with the above-mentioned injuries. He states that there are no exceptional factors submitted for review to exceed the ODG guidelines. There is also a lack of documentation of functional improvement with prior treatment. Therefore, he is unable to recommend additional physical therapy attentions at this time. Dr. is now requesting a Review by an Independent Review Organization. The law offices of submits Carrier Submission dated 05-10-10 in which this attorney is outlining the position summary with supporting documentation to be considered in the above reference IRO review. Dr. submits his rationale for an additional 6 sessions of physical medicine treatment as "to continue to reduce adhesions and tenderness to the affected musculature, to develop strength and continue to increase range of motion, to improve function performance, as requested by her primary care physician". The patient is improving but has not reached maximum medical improvement. Dr. submits a 03-31-10 updated medical report in which the same exact working diagnoses as initially provided with the same plan of care is submitted. He states she will be re-evaluated every 12 sessions to determine progress and future care if any. His prognosis for this patient remains "guarded". She continues to work under duress. I am recommending 12 additional sessions of active release techniques and spinal adjustments and will monitor her condition closely.

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

Based on my review of the enclosed medical records, I must agree with prior chiropractic physician review adviser's from as this patient has obtained the maximum amount of chiropractic care and physical therapy maneuvers as recommended per the ODG guidelines. Review of Dr. initial narrative report notes that this is a pre-existing patient of hers of which she has previously treated her for cervical, thoracic, and lumbar spine strain/sprain. This is evident from her prior prescribing of oral medication including Xanax to this patient for "decreased muscle spasms". I suspect that at this point, she has been returned to her previous overall baseline pain level. At this juncture, she should be well versed in a home based exercise and stretching program to maintain some degree of spinal flexibility. The request for Physical therapy 3 x 2 for the cervical, thoracic and lumbar spine is not medically necessary.

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

ODG; Low Back Chapter, Neck and Upper Back Chapter

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

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks

- 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)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 05/25/2010.