

SENT VIA EMAIL OR FAX ON
Apr/15/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy Lumbar 1 X wk X 2 wks, 3 units per sessions; Neuromuscular Re-education
Lumbar 1 X wk X 2 wks

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

Board certified in Physical Medicine and Rehabilitation. Medical Director of Rehabilitation

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

OD Guidelines

Denial Letters 3/17/10 and 3/5/10

3/2/10 and 3/11/10

Dr. 2/25/10 and 3/11/10

3/31/10

Dr. 7/18/07

Health System 8/5/06

Records 5/24/2007 thru 3/31/2010

PATIENT CLINICAL HISTORY SUMMARY

This worker has a date of birth of xx/xx/xx. She has diabetes and heart disease. She reported back pain on xx/xx/xx and repetitive lifting of boxes. She has had PT in the past and 2 ESIs in July and August of 2007. MRI shows degenerative disc disease. In 2006 MRI showed disc bulging consistent with DDD. In 2007 MRI showed left central disc extrusion with effacement of S1 nerves. She is currently complaining of diffuse back pain with radiation to the left leg. She cannot stand longer than 10 minutes without pain. There is depression. She does smoke. Her meds include Metformin, Levastatin and Cymbalta and Metoprolol. There is a request for physical therapy.

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

The IRo Reviewer is in agreement with a short course of physical therapy to emphasize an exercise program. The patient had a strain in 2007. This condition would have resolved within 3 months of the lifting event. However the patient does have degenerative disc disease and the recurrence of pain is anticipated. The degenerative disease was seen in the 2006 and the 2007 MRIs. The correlation between pain and MRI findings is not consistent. Pain is a subjective finding and is often accompanied by depression when chronic. The PT is indicated to improve the patients ability to perform a HEP as she will have to do this based on the findings of degenerative disease of the spine.

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)