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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 05/19/2010

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 (Board Certified) doctor, 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

12 visits of physical therapy to the cervical spine, over 4 weeks, with CPT codes #97010, #97014, #97035, #97110, #97140, #97124, and #97116

REVIEW OUTCOME

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

0 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.
- o 12-11-09 Evaluation report from Dr.
- o 03-02-10 Evaluation report from Dr.
- o 03-23-10 Evaluation report from Dr.
- o 03-23-10 Script for PT from unsigned
- o 04-02-10 Initial Evaluation from D. PT
- o 04-12-10 Fax request for PT from Dr.
- o 04-15-10 Initial Adverse Review from MRloA.
- o 04-22-10 Fax request for reconsideration from Dr.
- o 04-22-10 Letter acknowledging request for reconsideration from
- o 04-26-10 Adverse Review for Reconsideration from MRloA.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is a male employee who sustained an industrial injury to the cervical spine and back on xx/xx/xxxx when involved in an MVA. He continued to work full duty following the accident, but reported worsening symptoms.

The patient was evaluated orthopedically on xx/xx/xxxx. He was in a motor vehicle accident last Friday. The car in front

of his lost control on some ice and careened into his vehicle, causing him to strike his right knee on the dashboard. He had an injury to the neck and back. He still has moderate stiffness in the neck with radiation to the trapezius area on the right. He also complains of lower back pain and stiffness and right knee swelling. He does not smoke. His weight is 280 pounds. Blood pressure is 155/102. The knee cannot be examined well due guarding. Ligaments are intact. McMurray is equivocal. Right knee x-rays are unremarkable. Cervical c-rays show loss of lordotic curve, no bony lesions. Lumbar x-rays are unremarkable. Therapy is planned.

The patient returned on March 2, 2010. Therapy was never authorized. He is still having moderate neck pain and back pain. They are not abiding by the restrictions at work and he has been doing his route, which includes heavy lifting etc. Neck and back MRI are recommended.

The patient was reevaluated by his physician on March 23, 2010. He is several months post injury and is getting into a deconditioned state. Cervical and lumbar MRI shows some degenerative disc disease and some stenosis. Diagnosis is cervical disc displacement, cervical sprain and thoracic sprain. He will be given a muscle relaxant and ibuprofen and initiate PT. He can work modified duty.

The patient was assessed in PT on April 2, 2010. He now has frequent headaches and neck and back stiffness. He is not able to tolerate sitting for more than 20 minutes. He has seen a physician and x-rays have been taken. He is using Motrin, Soma, and Tylenol with codeine. He reports a pain level of 7/10. He describes some numbness in the right upper extremity that occurs about twice daily when sitting and watching TV or at the dinner table. He reports occasional right thigh numbness with walking. Examination showed tenderness in the lumbar region. Cervical flexion is 80% of normal; lumbar ROM is about 60% of normal. Motor strength and reflexes are normal. Spasm and tenderness is noted in the trapezius region. 8-12 visits are planned including moist heat, ice, ultrasound, electrical stimulation, joint mobilization, manual therapy, massage, therapeutic exercised and therapeutic activities.

Request for 12 visits of physical therapy to the cervical spine, over 4 weeks, with CPT codes #97010, #97014, #97035, #97110, #97140, #97124, and #97116 was considered in review on April 15, 2010 with recommendation for non-certification. A peer discussion was attempted but not realized. The patient is obese and per examination has decreased cervical ROM, crepitus and tenderness with normal upper body neurologic function. On 3/2/10 the patient still complained of moderate neck and back pain. Exam noted neck and back spasms and restricted ROM. On 3/23/10 the patient had an MRI, which showed degenerative changes of the cervical spine. The patient was doing better with some moderate pain, with his back being worse than his neck at that time. He was using a muscle relaxer and ibuprofen the PT evaluation of 4/2/10 noted the patient had been in an automobile accident. The patient reported frequent headaches and stiffness in the neck and back. Electrical muscle stimulation (97014) is not recommended by ODG. Therapeutic ultrasound (97035) is under study. Gait training, including stair climbing (97116) is not found in ODG, but would not be appropriate for treatment to the neck. The other modalities could be supported. ODG support up to 9 visits of PT over 8 weeks for the patient's diagnosis.

Request for reconsideration 12 visits of physical therapy to the cervical spine, over 4 weeks, with CPT codes #97010, #97014, #97035, #97110, #97140, #97124, and #97116 was considered in review on April 26, 2010 with recommendation for non-certification. A peer discussion was attempted but not realized. The patient was referred for PT including moist heat, ice, ultrasound, e-stim, joint mobilization, manual therapy, massage, therapeutic exercise and therapeutic activities. ODG supports a maximum of 10 visits of PT for the patient's condition. Additionally, several modalities including e-stim, ultrasound and gait training are not supported by ODG.

Request was made for an IRO.

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

ODG supports 9 visits of PT for cervical pain.

The patient's diagnoses include the neck, low back and knee; however, the request specifies PT for the cervical spine. He is over four months post injury as has been denied PT, even prior to the current request. He is also working regular duties as the employer does not appear to be abiding by the restrictions. The patient also has headaches. The therapy content is to be both active and passive. Gait training would not be relevant for the patient's cervical injury. A trial of TENS stimulation could be supported during supervised PT. Ultrasound, which is essentially heat and micromassage, is not supported. While up to 9 sessions of PT could be appropriate for the patient's cervical diagnosis, the amount of therapy requested exceeds the amount supported by the ODG and cannot be supported as described.

Therefore, I recommend to agree with the previous non-certification for 12 visits of physical therapy to the cervical spine, over 4 weeks, with CPT codes #97010, #97014, #97035, #97110, #97140, #97124, and #97116

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 04-16-2010 Neck and Upper Back Chapter, Physical Therapy:

Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. For mechanical disorders of the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks.

ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 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".

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks

The Official Disability Guidelines 04-16-2010 Neck and Upper Back Chapter: Electrical Muscle Stimulation: Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. Primary pain relief via gate control may be obtained by EMS, TENS, or other forms of ENS. The theory is that rhythmic muscle stimulation by modulated DC or AC probably increases joint range of motion, reeducates muscles, retards muscle atrophy, and increases muscle strength. Circulation can be increased and muscle hypertension decreased, which may lead to secondary pain relief. (Kroeling-Cochrane, 2005) Since the quality of evidence is low or very low, we cannot make any definite statements on the efficacy and clinical usefulness of electrotherapy modalities for neck pain. There is very low quality evidence that electric muscle stimulation (EMS) is not more effective than placebo. EMS did not reduce pain or disability. (Kroeling, 2009) See also Electromagnetic therapy (PEMT); Galvanic current; Iontophoresis; Magnets; Repetitive magnetic stimulation (rMS); & Transcutaneous electrical neurostimulation (TENS).

The Official Disability Guidelines 04-16-2010 Neck and Upper Back Chapter - Heat/Cold Applications: Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient.

The Official Disability Guidelines 04-16-2010 Neck and Upper Back Chapter - Massage: Recommended as an option. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Gross-Cochrane, 2002) (Aker, 1999) (Philadelphia, 2001) (Haraldsson-Cochrane, 2004) (Haraldsson, 2006) There is limited evidence for the effectiveness of massage as an add-on treatment to manual therapy; and manual therapy as an add-on treatment to exercises. (Verhagen, 2006) Mechanical massage devices are not recommended. See Manipulation for recommended frequency and duration of treatment.

The Official Disability Guidelines 04-16-2010 Neck and Upper Back Chapter - Ultrasound, Therapeutic: Under study. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated.