

Core 400 LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy to Cervical (7 visits) post ESI injection as an outpatient

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

MD, Board Certified in Physical Medicine and Rehabilitation

Board Certified in Pain Management

Board Certified in Electrodiagnostic Medicine

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

Notice of Denial of Pre-authorization, 7/7/10,

Notice of Reconsideration, 8/3/10

Notes, 3/30/10-5/10/10

Chiropractic, 7/16/10, 5/10/10, 4/9/10, 3/11/10, 1/12/10, 2/12/10,

12/9/09, 11/11/09, 12/8/09, 1/4/10, 10/22/09, 6/9/10

Mental Health Evaluation, 2/17/10, 6/21/10

Neuromuscular Institute of TX, 10/14/09-4/9/10

Diagnostics, 1/28/10

Pain Management Center, 5/12/10, 1/26/10

MD, 6/8/10

MD, 4/14/10, 5/28/10

Imaging, 3/1/10

Dr., MD, 1/11/10, 2/22/10

Dr., MD, 4/14/10, 5/26/10

Upper and Lower EMG and NCS, 12/23/09

Operative Report, 6/21/10

MRI Lumbar Spine, 4/7/10

MRI Cervical Spine, 11/12/09

Imaging, 10/15/09

MRI Right Wrist, 12/4/09

MRI Right Shoulder, 11/12/09

PPE, 12/11/09, 10/28/09, 2/18/10

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a man who developed neck and right upper extremity and low back pain after a MVA on xx/xx/xx. His cervical MRI on 11/12/09 showed a central C5/6 disc protrusion without nerve root compression. Lumbar MRI showed spondylolytic spondylolithesis at L5/S1 with bilateral L5 root compression. He had a TRCC tear and a right shoulder labrum injury. An EMG (12/23/09)

reportedly showed a C6 radiculopathy and L5/S1 radiculopathy based upon increased insertional activities. Dr. and Mr. described abnormal right C5/6/7 sensation. This man had a C5/6 ESI on 2/9/10 with 2 months of relief. He had a T3/4 catheter inserted to C5/6 for a second one on 6/21/10. There is depression present as noted in the mental health assessment. He received approximately 23 sessions of therapy at the from 10/22/09-4/9/10 including 6 sessions after the 2/9/10 cervical ESI.

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

The ODG is specific and recommends therapy after an ESI and for cervical problems. The ODG recommends 2 therapy sessions after cervical ESI. The patient had at least 6 sessions of PT after the first ESI and should be aware of the program following the second ESI. No explanation was provided for a variance from these ODG criteria. Therefore, no medical justification appears to exist for the additional therapies. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. There is no medical necessity at this time for Physical Therapy to Cervical (7 visits) post ESI injection as an outpatient.

Physical therapy (PT)

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. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) 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. (ConlinI, 2005) 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. (Kongsted, 2007) See also specific physical therapy modalities, as well as Exercise

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"

Displacement of cervical intervertebral disc (ICD9 722.0)

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks

Degeneration of cervical intervertebral disc (ICD9 722.4)

10-12 visits over 8 weeks

See 722.0 for post-surgical visits

Brachia neuritis or radiculitis NOS (ICD9 723.4)

12 visits over 10 weeks

See 722.0 for post-surgical visits

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)