



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 04/18/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: PT 2 x week for 4 weeks to include CPT codes 97110 x 4 units per session, 97113 x 4 units per session, 97012, G0283

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 04/02/XX - Employer's First Report of Injury or Illness
2. 04/09/XX - Clinical Note - Illegible Signature
3. 04/09/XX - Texas Work Status Report
4. 04/16/XX - Clinical Note - Illegible Signature
5. 04/16/XX - Texas Work Status Report
6. 04/26/XX - Physical Therapy Note
7. 05/03/XX - Physical Therapy Note
8. 05/03/XX - Prospective/Concurrent Review Determination
9. 05/07/XX - Physical Therapy Note
10. 05/10/XX - Physical Therapy Note
11. 05/13/XX - Physical Therapy Note
12. 05/21/XX - Physical Therapy Note
13. 06/02/XX - Clinical Note - Illegible Signature
14. 06/02/XX - Texas Work Status Report
15. 11/23/XX - MRI Lumbar Spine
16. 01/25/XX - Clinical Note - M.D.
17. 02/11/XX - Initial Evaluation Summary
18. 02/16/XX - Physical Therapy Note
19. 02/17/XX - Physical Therapy Note
20. 02/18/XX - Physical Therapy Note
21. 02/24/XX - Prospective/Concurrent Review Determination
22. 02/25/XX - Clinical Note - D.O.

23.03/07/XX - Prospective/Concurrent Review Determination

24.03/11/XX - Physical Therapy Discharge Summary

25.03/17/XX - Clinical Note - M.D.

26. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a female who sustained an injury on XX/XX/XX when she was packing and felt pain and stiffness in the back.

The claimant was seen for evaluation on 04/09/XX. The claimant complained of low back pain. Physical examination revealed mild to moderate tenderness to palpation with moderate muscle spasms. Lumbar range of motion was restricted. The claimant was assessed with lumbosacral sprain/strain and muscle spasm. The claimant was prescribed Flexeril.

The claimant was seen for follow-up on 04/16/XX. The claimant stated she felt better, but was still afraid to bend and lift. Physical examination revealed moderate lumbar tenderness and muscle spasm. Lumbar range of motion was restricted. The claimant was prescribed Vicodin.

The claimant completed six physical therapy sessions from 04/26/XX through 05/21/XX. The claimant reported no back pain. The claimant was discharged to a home exercise program.

The claimant was seen for follow-up on 06/02/XX. The claimant reported minimal low back discomfort. Physical examination was unremarkable. The claimant was released from care and advised to follow-up as needed.

An MRI of the lumbar spine performed 11/23/XX demonstrated mild disc height reduction and partial desiccation at L2-L3. There was a 2-3 mm radial spondylotic bulge posterior central and left posterolateral margin. There was borderline central stenosis and mild right greater than left bilateral inferior foraminal encroachment. There was mild ligamentum flavum hypertrophy. At L3-L4, there was borderline central stenosis. At L4-L5, there was mild central stenosis. At L5-S1, there was mild desiccation and disc height reduction. There was 3 mm disc spondylosis with T2 high signal posterior annular fissuring. There was mild effacement of the ventral thecal sac causing borderline central stenosis, in conjunction with mild facet hypertrophy and mild bilateral foraminal encroachment.

The claimant saw Dr. on 01/25/XX with complaints of low back and leg pain. Physical examination revealed full strength of the bilateral lower extremities. Atrophy was not present. Sensation to light touch was decreased on the right posterior thigh. Straight leg raise was negative bilaterally. There was bilateral paraspinal tenderness with right sided paraspinal lumbar spasm. The claimant was assessed with internal disc derangement of the lumbar spine and thoracic or lumbosacral neuritis or radiculitis. The claimant was recommended for an epidural steroid injection and physical therapy.

The claimant was seen for physical therapy evaluation on 02/11/XX. The claimant complained of constant dull pain in the right low back and hip rating 4 out of 10. Physical examination revealed limited lumbar range of motion. Straight leg raise was positive on the right at 45 degrees. The claimant was recommended for twelve sessions of physical therapy.

The request for PT 2 x week for 4 weeks was denied by utilization review on 02/24/XX as the claimant had undergone physical therapy in the past and should be able to perform active home exercises.

The claimant saw Dr. on 02/25/XX. The claimant complained of pain in the low back and bilateral buttocks. Physical examination revealed tenderness to palpation of the paraspinal region. There was spasm of the paraspinal muscles bilaterally. Straight leg raise was positive to the right. Lumbar range of motion was limited with pain. There was decreased response to tactile stimulation of the lateral upper aspect of the right thigh. The deep tendon reflexes were normal. The claimant was assessed with bulging lumbar disc, lumbar spondylosis with myelopathy, lumbar canal stenosis, and lumbar radiculopathy. The claimant was recommended for a lumbar epidural steroid injection.

The request for PT 2 x week for 4 weeks was denied by utilization review on 03/07/XX as the clinician had not described the clinical necessity for ongoing formal therapy at this point versus an aggressive home exercise program.

The claimant was discharged from physical therapy on 03/11/XX due to the inability to obtain authorization from claimant's insurance.

The claimant saw Dr. on 03/17/XX with complaints of pain in the low back and leg rating 4 out of 10. The note stated the claimant was involved in physical therapy but never had any significant follow-up. A physical examination was not performed. The claimant was recommended for physical therapy.

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

The claimant's 02/25/XX physical examination revealed tenderness to palpation of the paraspinal region with spasm of the paraspinal muscles bilaterally. Straight leg raise was positive to the right and lumbar range of motion was limited secondary to pain.

There was decreased response to tactile stimulation of the lateral upper aspect of the right thigh with normal deep tendon reflexes. The claimant has undergone prior physical therapy for six sessions which was beneficial and the claimant's symptoms resolved. Although the claimant currently demonstrates mild findings on physical examination, the findings are not significant in nature and do not support an additional eight sessions of physical therapy. In my opinion, formal therapy would not be indicated based on the most recent examination.

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

Official Disability Guidelines, Online Version, Low 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