



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 8-4-11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Aquatic physical therapy x 12 sessions lumbar spine 97140, 97113, G0283

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

Chiropractor

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 10-1-10 DC, office visit.
- 3-22-11 Benefit Review Conference.
- 5-14-11 MD., office visit.
- 6-22-11 MD., performed a Utilization Review.
- 6-23-11 MD., Reconsideration for physical therapy letter:
- 7-5-11 MD., performed a Utilization Review.
- 7-18-11 DC., provided a letter.

PATIENT CLINICAL HISTORY [SUMMARY]:

10-1-10 DC., the claimant reports a burning feeling that is constant in the lower back. He rates his pain as 8/10. He reports tingling feeling in the right gluteal area and discomfort down the left leg to his foot. The claimant reported he was injured on "xx/xx/xx" (the date of injury appears to be xx/xx/xx) while making a delivery. On the date of the injury, he states that he stepped incorrectly and lost his balance and as he was falling -twisted to the side trying to prevent dropping a heavy item. He reported the injury to the supervisor. He felt that he was worsening and came to his office for medical attention. He had a Designated Doctor Evaluation on 10-31-08 and was noted not to be at MMI. He had an MRI on 8-4-08 which showed at L2-L4 segmental instability with mild subluxation and retrolisthesis with flexion and extension. A moderate left sub articular disc extrusion noted extending into the lateral recess of L3 flattening the thecal and impinging upon the left L3 nerve root. Mild canal stenosis is present. The extrusion fragment measures 0.6 x 0.6 cm in the transaxial plan and 2.2 cm in the superior to inferior dimension. Severe narrowing of the left with moderate narrowing of the right neuroforamen is seen. At L3-L4 flattening of the thecal sac with moderate bilateral foraminal narrowing is present. The 4-L5 level reveals mild bilateral foraminal narrowing. The L5-S1 level reveals a 3 mm annular bulge without moderate facet joint arthrosis. The claimant's subjective complaints are consistent with an injury to the lumbar spine. He states that he cannot perform some of his regular activities for prolonged periods of time without an increase in pain. The evaluator reported that an

EMG of the lower extremity is medically necessary. The claimant will participate in active and passive care three times a week for our weeks or namely 12 sessions.

3-22-11 BRC notes that the compensable injury of xx/xx/xx extends to include L2-L3 herniated nucleus pulposus (HNP) with segmental instability at L2-L3.

5-14-11 MD., the claimant states that he was injured on xx/xx/xx while making a delivery. On the date of the injury, he states that he stepped incorrectly and lost his balance and as he was falling twisted to the side trying to prevent dropping a heavy item.. He states he reported the injury immediately to his supervisor. He states he had therapy for about 6 months. He had 4 injections to his lumbar spine. Dr. on 10/0/2010 who requested a lumbar discography at L2-3, L3-4, L4-5, and L5- S1. He saw Dr. on 10/07/2010 who also recommended a lumbar discogram. MRI of the lumbar spine reveals at L2-L4 segmental instability is seen with mild subluxation and retrolisthesis with flexion and extension. A moderate left subarticular disc extrusion is noted extending into the lateral recess of L3 flattening the thecal and impinging upon the left L3 nerve root. Mild canal stenosis is present. The extrusion fragment measures 0.6 x 0.6 cm in the transaxial plane and 2.2 cm in the superior to inferior dimension. Severe narrowing of the left with moderate narrowing of the right neuroforamen is seen. At L3-L4 flattening of the thecal sac with moderate bilateral foraminal narrowing is present. The L4-L5 level reveals mild bilateral foraminal narrowing. The L5-S1 level reveals a 3.0 mm annular disc bulge without moderate facet joint arthrosis. Today on June 14, 2011 his chief complaint is increased lower back pain which radiates posteriorly down right thigh. He states he had a contested case hearing on May 19, 2011 and a final judgment has approved the L2-3 disc herniation. On exam, paraspinal musculature is tender to palpation. Digital percussion evokes pain, from T10 to L5. He wears a back brace and has pain when he stands too long. Lower back pain radiates to posteriorly down left thighs. Extremities: right and left leg straight leg elevation over thighs arouses pain from T1 to L5. ROM in upper extremities are proper. Neurological: Patellar reflexes were +1 on the left side. Ankle reflexes were +1 on the left. Sensation to pinprick was decreased at the L2-3, L5-S1 dermatomes on the left. Motor evaluation demonstrated 3/5 with extensor hallucis longus and gastrocnemius/soleus. Impression: Lumbar strain with pain radiating posteriorly down the left thigh. Plan: 12 sessions of aquatic physical therapy is medically necessary. Prescription for Soma, Aspirin, Ibuprofen 800 mg.

6-22-11 MD., performed a Utilization Review. The request for aquatic physical therapy x 12 sessions for the lumbar spine is non-certified at this time. The patient has been followed for lower back pain with radiating pain to the left leg. Evidence based guidelines state that aquatic therapy is recommended as an optional form of exercise therapy. However, there has been insufficient documentation submitted for review to state whether this patient has completed any aquatic therapy sessions to date and what the outcome of those sessions were. Furthermore, documentation stated the patient had completed physical therapy sessions. There have been no reports submitted for review to state why the patient would need aquatic therapy in addition to physical therapy. Therefore, the request for aquatic physical therapy x 12 sessions for the lumbar spine is non-certified at this time. Determination: Non-Certified. Based on the

clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, the request for aquatic physical therapy x 12 sessions for the lumbar spine is non-certified at this time.

6-23-11 MD., Reconsideration for physical therapy letter: This letter is written to indicate the medical necessity for 12 sessions of aquatic physical therapy. A denial was sent on 06/22/2011 for a request sent on 06/17/2011. Per the rationale by the peer reviewer: "The request for aquatic physical therapy 12 sessions for the lumbar spine is non-certified at this time. The patient has been followed for lower back pain with radiating pain to the left leg. Evidence based guidelines state that aquatic therapy is recommended as an optional for of exercise therapy. However, there has been insufficient documentation submitted for review to state whether this patient has completed any aquatic therapy sessions to this date and what the outcome of those sessions were." The claimant has not had any aquatic therapy for his work related injury. Aquatic therapy is medically necessary to allow strengthening and conditioning of the patient's current condition so that he may progress back to land based exercises. Aquatic therapy is especially helpful in cases where land-based exercise therapy options are limited due to the patient's pain, decreased bone density, disability or other factors. The purposed treatment is reasonably required within the meaning of sections 408.021 of the Texas Labor Code. Aft employee who has sustained a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that cures or relieves the effects naturally resulting from the compensable injury, promotes recovery, or enhances the ability of the employee to return to or retain employment. TEX, LAB. CODE ANN. ' 408.021(a).

7-5-11 MD., performed a Utilization Review. This is a review for the medical necessity of the request for Physical Therapy of 12 sessions to the lumbar spine. The patient sustained an injury dated xx/xx/xx when the patient fell and lost his balance. The patient was last seen on 5/14/11 and complained of low back pain which radiates posteriorly down the right thigh. The physical examination showed positive bilateral Straight Leg Raise test. Sensation to pinprick was decreased at the L2-3 and L5-S1. It was noted that the patient has had Physical Therapy. However, the medical records have not provided the progress reports of land-based Physical Therapy as these are needed to evaluation whether is indeed intolerant to this type of treatment method. Also, the specific short and long-term goals for this set of Aquatic Therapy visits are not provided. Therefore, this request is not substantiated at this time. Determination: The request is not certified. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, the request for Aquatic Physical Therapy of 12 sessions to the lumbar spine (97140 97)13 00283) is not certified.

7-18-11 DC., provided a letter. He notes the claimant had an exacerbation due to a failed home exercise program. Aquatic therapy is medically necessary in order to correct body mechanics for his home exercise program. When approved, the patient will undergo passive and active therapies. Passive physical therapy is medically necessary

to reduce pain following active care. Without passive care, the treatment will not be effective, as demonstrated by his failed home exercise program. A reconsideration request was sent on 06/27/2011 and denied by the carrier on 07/05/2011. Per the reviewing physician, "The proposed treatment plan is not consistent with our clinical review criteria. We are unable to recommend the proposed treatment..."

The claimant has not had any prior aquatic therapy for his work related injury. Consent for modification would be given if given an opportunity. The treatment requested is medically necessary per Texas Labor Code 408.021 (a) An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed- The employee is specifically entitled to health care that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

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

RECORD REVIEW DEMONSTRATES THAT THE CLAIMANT WAS INJURED APPROXIMATELY THREE YEARS AGO AND CONTINUES WITH LOWER BACK AND RADIATING PAIN. MEDICAL EXAMINATION PERFORMED 5/14/11 DOCUMENTS THAT THE CLAIMANT HAD 6 MONTHS OF THERAPY EARLY IN CARE AS WELL AS MULTIPLE INJECTIONS. CHIROPRACTIC EVALUATION 7 MONTHS PRIOR, ON 10/01/10, RECOMMENDS AN ADDITIONAL 12 SESSIONS OF ACTIVE AND PASSIVE THERAPIES. CURRENT REQUEST IS FOR 12 ADDITIONAL SESSIONS OF AQUATIC THERAPY INCLUDING ACTIVE AND PASSIVE CARE. TWO PRIOR UTILIZATION REVIEWS RECOMMENDED NON-CERTIFICATION OF THIS REQUEST.

EVIDENCE-BASED MEDICINE INSTRUCTS THAT AN EXPECTATION OF BENEFIT BEYOND PALLIATIVE CARE BE PRESENT IN ORDER TO SUPPORT A COURSE OF THIS TYPE OF TREATMENT. THIS REQUIRES SOME DOCUMENTATION OF LASTING EFFECT OR FUNCTIONAL IMPROVEMENT WHEN THERAPY HAS BEEN PERFORMED IN THE PAST. THIS CLAIMANT HAS BEEN DOCUMENTED TO HAVE HAD EXTENSIVE PHYSICAL THERAPY OVER THE THREE YEARS SINCE THE INDUSTRIAL INJURY AND NO RECORD OF SUCCESS OR FAILURE IS PRESENTED FOR REVIEW. TO CONTINUE A COURSE OF CARE THAT PRODUCES NO LONG-TERM BENEFIT OR SHORT-TERM TRAINING IS NOT SUPPORTED BY NATIONALLY-ACCEPTED CLINICAL GUIDELINES. ADDITIONALLY, AQUATIC THERAPY IS A USEFUL ALTERNATIVE TO LAND-BASED THERAPY IN CASES WHERE CONDITION OR CO-MORBIDITIES DO NOT ALLOW A PATIENT TO BENEFIT FROM TRADITIONAL PHYSICAL THERAPY. IN THIS CASE, THERE IS PRESENTED NO CLEAR REQUIREMENT OR RATIONALE SUCH THAT THIS CLAIMANT CANNOT PARTICIPATE IN LAND-BASED THERAPY OR A HOME EXERCISE PROGRAM.

GIVEN THE LENGTH OF TIME OF DISABILITY AND THE PRIOR THERAPEUTIC HISTORY, THE CLAIMANT SHOULD BE WELL-VERSED IN A COMPREHENSIVE HOME EXERCISE PROGRAM AT THIS POINT. THE REQUEST FOR AQUATIC PHYSICAL THERAPY X 12 SESSIONS LUMBAR SPINE 97140, 97113, G0283 IS NOT REASONABLE OR MEDICALLY INDICATED.

ODG-TWC, last update 7-12-11 Occupational Disorders of the Low Back – Aquatic therapy: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There may be advantages to weightless running in back pain recovery. (Ariyoshi, 1999) (Burns, 2001) This RCT concluded that water-based exercises produced better improvement in disability and quality of life of patients with CLBP than land-based exercise, but in both groups, statistically significant improvements were detected in all outcome measures. The aquatic exercise program consisted of 20 sessions, 5 x per week for 4 weeks in a swimming pool, and the land-based exercise was a home-based program demonstrated by a physical therapist on one occasion and then given written advice. (Dundar, 2009) For recommendations on the number of supervised visits, see Physical therapy.

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

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)