

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 02/18/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: PT 2x4 lumbar 97110, 97140, 97010, 97014, 97035, 97535

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

Texas Board Certified Physical Medicine & Rehabilitation

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

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a xx year old female who sustained an injury when she tripped and fell.

The employee saw Dr. on 09/01/10. The employee complained of low back pain with tingling and numbness in the legs. The employee rated her pain at 2 to 4 out of 10. The employee reported moderate relief from Aleve and Hydrocodone. Physical examination revealed moderate tenderness to the lower lumbar spine. The employee reported pain at the T8 level. The employee was unable to toe or heel walk due to a prior ankle surgery. Straight leg raise was negative bilaterally. Radiographs of the thoracic spine demonstrated moderate thoracic spondylosis from T6 through T11. There was no evidence of thoracic fracture. Radiographs of the lumbar spine demonstrated marked disc collapse at T11-T12. There was retrolisthesis of L1-L2. There was severe disc collapse at L4-L5. There was no significant instability on flexion or extension. The employee was assessed with lumbago and spinal stenosis. The employee was recommended for MRI of the lumbar spine.

An MRI of the lumbar spine performed 09/09/10 demonstrated mild anterior spurring at T12-L1. There was mild disc narrowing and desiccation. There was no disc herniation or significant bulging. There was no central canal or foraminal stenosis. Mild facet hypertrophy was present. At L1-L2, there was mild retrolisthesis. There was moderate disc narrowing and desiccation. There was a central disc extrusion present. There was no definite nerve root compromise. There was mild to moderate bilateral facet hypertrophy, contributing to a mild to moderate degree of central canal stenosis. The neural foramina were mildly narrowed bilaterally. At L2-L3, there was no disc herniation or significant bulging. There was no central canal or foraminal stenosis. There was mild to moderate bilateral facet hypertrophy. At L3-L4, there was a mild retrolisthesis. There was mild to moderate disc narrowing and desiccation. There was a 2-3 mm generalized disc bulge and moderate bilateral facet joint arthropathy/hypertrophy. These factors contributed to a mild to moderate degree of central canal stenosis. The neural foramina were mildly narrowed bilaterally. At L4-L5, there was moderate to severe disc narrowing and desiccation. There was 1-2 mm disc bulging and mild bilateral facet hypertrophy. There was no significant central canal stenosis. The neural foramina were mildly narrowed bilaterally. At L5-S1, there was mild to moderate disc narrowing and desiccation. There was a 1 mm disc bulge. There was mild to moderate bilateral facet joint arthropathy/hypertrophy. There was no significant central canal stenosis. The neural foramina were mildly narrowed bilaterally.

The employee saw Dr. on 09/17/10. A physical examination was not performed. The employee was assessed with lumbago and spinal stenosis. The employee was recommended for bilateral facet joint injections at L3-L4, L4-L5, and L5-S1.

The employee saw Dr. on 10/04/10. The employee complained of pain in the back and bilateral legs. The pain was intermittent, rating 5 out of 10. The employee's activities of daily living were limited due to pain. The employee denied bowel or bladder dysfunction. The physical examination revealed a moveable, tender paraspinal mass over the lumbosacral region. Sensation to light touch was intact in the lower extremities. Reflexes were 2+ in the bilateral patellar and left Achilles. The employee was assessed with L3-S1 facet arthropathy and L1-L2 and L3-L4 central canal stenosis. The employee was recommended for bilateral L3-S1 facet steroid injection, bilateral L3 transforaminal epidural steroid injection, and ultrasound of the left lumbosacral paraspinal mass.

A physical therapy note dated 11/30/10 stated the employee reported improvement in her back pain and stated she no longer had radiation down the legs. The note stated the employee had gained strength and range of motion. The employee was recommended for eight additional sessions of physical therapy.

The request for PT 2x4 Lumbar was denied by utilization review on 12/09/10 as the physician had not evaluated the employee since completion of therapy.

The employee saw Dr. on 12/13/10. The employee complained of back and bilateral leg pain rated 2 out of 10. The pain worsened with sitting and walking. The employee reported significant improvement with physical therapy. The physical examination revealed intact sensation to light touch in the lower extremities. Motor strength was 4+/5 to right ankle dorsiflexion. The employee was assessed with L3-S1 facet arthropathy and L1-L2 and L3-L4 central canal stenosis. The employee was recommended for eight additional sessions of physical therapy.

A physical therapy discharge summary dated 12/16/10 stated the employee had completed eight sessions of physical therapy. Physical examination revealed lumbar flexion to be within normal limits. There was decreased muscle strength bilaterally. The note stated 66% of her goals had been reached.

The request for PT 2x4 Lumbar was denied by utilization review on 01/05/11 as it had been some time since the injury. The additional eight sessions of physical therapy would far exceed evidence-based criteria.

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

The request for eight sessions of physical therapy would not be recommended as medically necessary. The employee was discharged from physical therapy on 12/16/10. There were only mild functional limitations remaining that could reasonably be addressed by a home exercise program. There was no documentation of a formal physical therapy treatment program or updated goals. The total number of sessions exceeds guideline recommendations for the employee's complaints.

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

1. **Official Disability Guidelines**, Online Version, Low Back Chapter