

Notice of Independent Review Decision

DATE OF REVIEW: February 11, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Initial Physical Therapy Lumbar 2xwk x5wks; 3 Units per Session;
Neuromuscular Re-education Lumbar 2xwk x5wks; 1 Unit per Session

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

This reviewer is a Board Certified Physical Medicine and Rehabilitation Physician with 15 years of experience.

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

There is an Employers First Report of Injury that states the claimant sustained an injury to the middle back when she was material handling-lifting.

The claimant was evaluated at a hospital with complaints of back pain from extensive lifting and stooping. Impression: acute exacerbation of chronic back pain.

In November 2008, the claimant was evaluated by a physician. Impression: Lumbar, Thoracic and Cervical sprain/strain. Medications: Darvocet-N 100, Flexeril 10 mg. She needs physical therapy for the spine.

In November 2008, the claimant participated in a Physical Performance Evaluation. Because of her pain levels she asked not to participate in the testing and only did ROM measurements. She will begin physical therapy 3x a week for 3 weeks.

In November 2008, X-Rays of the lumbar spine was performed. Impression: Disk spaces well maintained, vertebral bodies intact, good alignment. Thoracic spine, Impression: Vertebral bodies intact with good alignment. Cervical Spine, Impression: loss of lordotic curve, disk spaces well maintained, vertebral bodies intact

In November 2008, the claimant was re-evaluated. She has spasms and tingling pain in her neck and low back going up her left upper extremity to forearm. She will start physical therapy as soon as possible.

In December 2008, the claimant was re-evaluated. Physical therapy has not been approved yet at she did not turn in her claim until December 2008. She still has spasms and occasional headaches. Flexeril does not help. OTC medications work better.

In April 2009, the claimant was re-evaluated. She continues to have achy popping spasming pain with radiation of her pain in the neck into the mid back. She had a case hearing which was decided in her favor. Physical therapy was again recommended 3 times a week for 3 weeks.

The claimant participated in a Physical Performance Evaluation. She is at a sedentary to light PDL.

In May 2009, the claimant was re-evaluated. Physical therapy was denied. Her pain is 5/10. Rest and medications relieve the pain.

In June 2009, the claimant was re-evaluated by. Her sleep patterns have been disrupted by the pain. She was prescribed Vistaril 25 mg for insomnia.

In July 2009, the claimant was re-evaluated by. Vistaril did not help her insomnia. She was prescribed Trazadone. Physical therapy still has not been approved.

In August 2009, the claimant participated in a Functional Capacity Evaluation. She was rated in the sedentary to light PDL.

In August 2009, the claimant attended a pain management evaluation. The pain is constant with moderate stiffness as well as achy and dull pain.

In October 2009, the claimant was re-evaluated. She has experiences worsening in the degree of cervical pain and worsening in the midback pain. Current complaints are associated with left upper extremity pain and numbness.

In December 2009, the claimant was re-evaluated. She is having less pain in her neck and midback pain is reduced. She is currently taking Trazadone, Ultram, and Norflex. Treatment has still been denied.

In January 2010, the claimant was re-evaluated. Her pain has worsened. Norflex and Tramadol make her sick. Darvocet and Mobic were prescribed.

In February 2010, the claimant was re-evaluated. Her pain is rated 8/10. She has decreased strength in wrists and decreased grip strength.

In March 2010, the claimant participated in a Physical Performance Evaluation. She is advised to begin utilizing physical therapy modalities. 9 visits over 3 weeks.

In June 2010, the claimant was re-evaluated. She has constant moderate stiffness as well as achy dull pain. She feels that taking medications makes her more comfortable.

In September 2010, the claimant was re-evaluated. There has been a slight improvement in her neck pain and midback pain. Her pain is 6/10. She has moderately severe spasms on the midline, left and right at lumbar spine.

In November 2010, x-rays of the lumbar spine were performed. Impression: Unremarkable views of the lumbar spine other than congenitally short pedicles and some sequela of gunshot injury noted in the abdomen.

In November 2010, x-rays of the cervical spine were performed. Impression: Degenerative disc disease present at the C5-6 level.

In December 2010, the claimant was evaluated. She complains of aching, pulling, shooting, throbbing pain in the neck and stabbing pain in the mid upper back with weakness in the right hand. Physical therapy was recommended.

In December 2010, the claimant was re-evaluated. She has positive SLR bilaterally. Severe tenderness bilaterally. Greater trochanter absent bilaterally. She was prescribed Meloxicam, Baclofen and Tramadol.

In December 2010, the claimant underwent a physical therapy evaluation.

In January 2011, the claimant was re-evaluated. She complains of aching pain and trouble sleeping. Again physical therapy was recommended.

In January 2011, an occupational medicine physician performed a utilization review on the claimant Rational for Denial: The claimant is a xx year old woman with an occupational incident in xxxx. The claimant has complaints of neck and back pain. The claimant reportedly had the onset of pain because she had to do all the heavy work by herself for a week. In December 2010 the claimant complained of a constant aching pain in the neck and back. Exam showed decreased cervical and lumbar motion with tenderness. Diagnosis is sprain of the cervical, thoracic and lumbar regions. There is no medical justification for monitored therapy as treatment for sprains that occurred over 2 years ago. Therefore, it is not certified.

In January 2011, an occupation medicine physician performed a utilization review on the claimant Rational for Denial: Supervised rehab is not entitlement and just because the patient has not had supervised rehab to date is not onto itself an indication for supervised rehab. The patient has diagnosis of sprain/strain and there is not medical rationale or justification provided how soft tissue strains would necessitate supervised rehab over 2 years after injury. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

In xxxx the claimant sustained an injury to the cervical, thoracic and lumbar spine when she was lifting heavy boxes.

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

Denial of Initial 10 PT visits for 3 units of exercise and 1 unit of neuromuscular retraining is overturned based on the following: ODG Low Back Chapter recommends PT for acute and chronic low back pain more specifically it recommends 10 PT visits over 8 weeks for the diagnosis of lumbar spine strain. ODG states: "The most effective strategy may be delivering individually designed exercise programs in a supervised format, encouraging adherence to achieve high dosage and stretching and muscle strengthening exercises seen to be the most effective types of exercise for treating chronic low back pain." It is noted in the ODF Preface that PT visits are not an "entitlement." However, ODG

also routinely defines basic PT as a lower level of conservative care and as a criteria before pursuit of further treatment.

In this case, PT was initially ordered in a timely fashion, however, never implemented due to authorization difficulties. Furthermore, basic PT exercise is a medically reasonable and necessary treatment for low back pain, including its now chronic nature.

Neuromuscular re-education is an integral part of basic PT instruction to promote proper postural awareness/mechanics and musculature stabilization; therefore, it is also medically reasonable and necessary.

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

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

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

Post-surgical treatment (arthroplasty): 26 visits over 16 weeks

Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment: 48 visits over 18 weeks

Spinal stenosis (ICD9 724.0):

10 visits over 8 weeks

See 722.1 for post-surgical visits

Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):

10-12 visits over 8 weeks

See 722.1 for post-surgical visits

Curvature of spine (ICD9 737)

12 visits over 10 weeks

See 722.1 for post-surgical visits

Fracture of vertebral column without spinal cord injury (ICD9 805):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also [Procedure Summary](#) entry):

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)