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Notice of Independent Review Decision

DATE OF REVIEW: 12/28/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Physical Therapy x6 sessions CPT – 97110, 97140

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

Texas Licensed Chiropractor

REVIEW OUTCOME

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 12/09/04 - Required Medical Examination Report
2. 01/04/08 - Clinical Note - M.D.
3. 01/25/08 - Clinical Note - M.D.
4. 02/18/08 - Neurological Evaluation - Illegible Signature
5. 02/29/08 - Clinical Note - M.D.
6. 03/26/08 - Operative Report
7. 11/12/10 - Clinical Note - D.C.
8. 12/01/10 - Utilization Review
9. 12/07/10 - Utilization Review
10. 12/10/10 - IRO Request Summary - D.C.
11. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is male who sustained an injury on xx/xx/xx when he slipped and fell hitting his left and buttock on the truck frame.

The employee was status post L4-L5 lumbar laminectomy discectomy in 2002.

A Required Medical Examination (RME) was performed on 12/09/04. The note stated the employee sustained an injury on xx/xx/xx while lifting heavy boxes. The employee complained of constant neck pain, low back pain, and bilateral lower extremity pain. The employee reported an aching pain in both temporal areas of the cranium as well as the cervical paraspinal and upper trapezius areas with burning. The employee described a stabbing and aching sensation in the anterior chest with numbness in the low back and lower extremities. The employee had sensations of burning and pins and needles in the lower extremities. The physical examination revealed no tenderness or spasm of the cervical spine. There was diffuse tenderness throughout the lumbar paraspinal area and sacrum. There was no muscle spasm. Patrick test induced severe low back pain with exaggerated pain behaviors and marked resistance to hip abduction. Straight leg raise was positive on the left. There was diminished lumbar flexion and minimal lumbar extension. There was no evidence of atrophy or deformity in the extremities. There was reported decreased sensation to light touch in the left lower extremity. The employee was assessed with chronic pain disorder, failed back surgery, and lumbar spondylosis.

The employee underwent left transforaminal epidural steroid injection at L4-L5 and L5-S1 on 03/26/08.

The employee saw Dr. on 11/12/10 with complaints of achy pain and tingling in both legs, left greater than right. The employee described numbness and tingling into the left foot and right thigh. The employee rated the pain at 7 out of 10 on the visual analog scale. The employee ambulated with a slight left leg limp. Physical examination revealed an absent left Achilles reflex. Dermatomal sensory testing revealed hypoesthesia of the left leg and right thigh. There was moderate tenderness to palpation of the lumbosacral region, specifically on the left side with corresponding spasm. Straight leg raise was positive on the left at 45 degrees. Lumbar range of motion revealed flexion to 30 degrees, extension to 10 degrees, right lateral bending to 20 degrees, and left lateral bending to 10 degrees. Heel-toe walk was not possible secondary to left ankle weakness. The employee was assessed with lumbar sprain/strain and lumbar radiculopathy. The employee is recommended for 6 sessions of physical therapy.

The request for physical therapy x 6 sessions was denied by utilization review on 12/01/10. While the employee continued to present with signs/symptoms from the initial work injury, there was no evidence that conservative care had any significant impact. The claimant apparently had been compliant with a self-directed home exercise program.

The request for physical therapy x 6 sessions was denied by utilization review on 12/07/10. The employee had already been taught and transitioned to a home program which he had been performing for quite some time per the records. One to two visits of physical therapy was sufficient to teach, transition, or reinforce a home program. The

current request exceeded this. The employee should do just as well with a self-directed home exercise program. There were no red flags or compelling rationale that would

substantiate medical necessity of additional supervised therapy over a self-directed home exercise program.

An IRO Request Summary dated 12/10/10 stated the employee experienced 80% relief from the laminectomy and discectomy. The employee had a flair up in 2007 that was successfully treated with physical therapy and two epidural steroid injections. An MRI performed 01/11/08 revealed disc bulging at L3-L4 and L5-S1 with prominent right lateral bulging and spondylosis at L3-L4 and left posterolateral protrusion at L5-S1. There was mild compression of the thecal sac greater in the subarticular lateral recess on the right at L3-L4. There was effacement of fat adjacent to the proximal left L5 and S1 nerve root sleeves with a mild mass effect on the conjoined left L5 and S1 nerve root sleeves at the proximal left S1 nerve root sleeve. Laminectomy of L4-L5 moderate to marked spondylosis causes moderate to marked foraminal narrowing on the left. This report was not submitted for review. Electrodiagnostic studies performed 02/19/08 revealed bilateral radicular injury, greatest on the left at L5-S1 without evidence of peripheral neuropathy. This report was not submitted for review. The note stated the employee experienced a flair up of low back and left leg pain in August, 2010 while moving heavy trash bags. The employee was currently working at modified duty. The note stated the employee's current at home exercises were provocative and must be modified. The employee was recommended for six sessions of physical therapy to address his current low back pain, muscle spasm, and limited range of motion.

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

Based on the clinical documentation provided for review, the employee has been utilizing a home exercise program for a long period of time with good compliance. The clinical provided indicates that the employee experienced an exacerbation of symptoms in August of 2010. Although the employee has been compliant with a home exercise program, the current clinical notes indicate that the employee's home exercise program is provocative and no longer beneficial. The employee has had good responses to physical therapy in the past and a short course of physical therapy for the employee's symptoms would be appropriate. Given the employee's inadequate home exercise program and exacerbation of previous symptoms, medical necessity for 6 physical therapy sessions is established.

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.