

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** January 7, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

PT 3 x A WEEK FOR 4 WEEKS TO INCLUDE CPT CODES 97110 X 2 UNITS, 97140 X 2 UNITS

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

MD, Board Certified in Physical Medicine and Rehabilitation

### 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)

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

11/18/10, 10/21/10

University System 9/30/09 to 10/15/09

Brain and Spine Inst 9/29/10 to 11/2/10

PT 10/12/10

Medical Center 9/15/09 to 10/7/10

Pain Medicine 10/13/09 to 8/21/10

Adult Neurology, P.A. 7/9/10

Surgery Center 2/12/10

Surgicare 12/18/09

Radiology Center 10/5/09

### PATIENT CLINICAL HISTORY SUMMARY

This is a woman who slipped and fell onto her left elbow, hip, leg and back on xx/xx/xx. She had just returned to work after a prior back injury that improved with PT. She complains of back pain down the left leg with foot pain. Her MRI showed multiple level degenerative changes at the facet with multiple lumbar disc protrusions, and spinal stenosis from a degenerative spondylolithesis at L5/S1. Dr. felt this was the pain generator. She did not have lasting benefits from two ESIs. The EMG did not show any radiculopathy. She remains symptomatic. I did not see any prior therapy notes other than the recent assessment requesting the 12 therapy sessions. Dr. noted, "The symptom is alleviated by heat, medication, physical therapy, stretching and massage."

### ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This patient has pre-existing degenerative changes in the back that became symptomatic after the fall. The ODG does approve manual therapy for chronic low back pain. It encourages exercise therapy for chronic back pain with an emphasis on self-directed home

programs. The self-directed program is for those without fear avoidance, and the supervised program is more appropriate with patients with fear avoidance. I did not see this problem attributed to this patient. The ODG lists 8-10 therapy sessions over 5-8 weeks for the treatment of back pain, strain, and disc disorder. It does allow up to 12 sessions for radiculitis over 8 weeks compared to the 12 sessions over 4 weeks requested for this patient. There is no justification for the intensity of the program requested this late after the injury. No explanation was provided to justify the medical necessity. The reviewer finds that medical necessity does not exist for PT 3 x A WEEK FOR 4 WEEKS TO INCLUDE CPT CODES 97110 X 2 UNITS, 97140 X 2 UNITS.

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

ACOEM-AMERICA 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)