

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 06/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twelve (12) sessions of lumbar physical therapy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Diplomate, Congress of Chiropractic Consultants, 26 years of active clinical chiropractic practice, Impairment Rating and Maximum Medical Improvement Certified through Texas Department of Insurance/Division of Workers' Compensation

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp.</i>						<i>Overturn</i>

INFORMATION PROVIDED FOR REVIEW:

1. case assignment.
2. Letters of denial 04/29/11 & 05/16/11 including criteria used in the denial.
3. IRO request for physical therapy 05/18/11 and 05/09/11.
4. Treating doctors evaluations and follow-up 08/21/10-05/13/11 (8 visits).
5. MRI thoracic spine 06/09/10.
6. Pain management consultation 01/06/11
7. Behavioral consultation and assessment 12/03/10.

SUMMARY OF INJURED EMPLOYEE CLINICAL HISTORY:

The records indicate the patient was injured. One report indicates he was injured on xx/xx/xx when he was hit with a cart forcing his body to bend forward and twist at the waist. Another report indicates he was injured while pushing a table which banged against a machine and the table proceeded backwards and injured his lower abdominal and inguinal area. Either way, the mechanism of injury could have also injured his lumbar spine. Over the next few office visits, the records indicate he had also injured his thoracic and lumbar spine.

He felt excruciating pain and was referred to the hospital. He was referred to the company doctor on 06/01/11. Records indicate the patient has only received physical therapy to the thoracic spine. Apparently after he had completed therapy for his thoracic spine he underwent an FCE and was rated as light duty return to work capabilities. There is mention that a thoracic spine MRI indicated a cervical spine disc problem. A pain management doctor requested cervical spine injections, however they were denied. The patient received a psychological assessment and a chronic pain program was recommended. This was denied. He was returned to work. He experienced an

exacerbation of his pain and was seen by his treating doctor on 05/13/2011, who indicated a recent lumbar spine MRI that was approved. Results revealed annular cleft or tear and disc protrusion L5-S1. A treatment plan of 12 physical therapy visits was recommended. This was denied. Reconsideration request was made and also denied. The records indicate his initial injured areas were his lower abdominal, inguinal area and thoracic spine. Some of the records indicate a diagnosis of lumbar strain and lumbar radicular symptoms although some records do not even mention a lumbar diagnosis.

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

It appears the patient has not had adequate treatment for his lumbar spine injury. In addition, he experienced a recent exacerbation that occurred from returning to work. ODG guidelines do not specifically mention exacerbations. They do mention treatment of lumbar spine injuries. Given the fact he has not received adequate treatment for his lumbar injury, as well as the recent exacerbation he experienced, there is sufficient clinical justification and documentation, including a recent lumbar spine MRI, which indicates treatment of the lumbar spine injury is medically necessary. ODG guidelines allowed for 10-12 physical therapy visits for the treatment Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4): 10-12 visits over 8 weeks. In addition to the extended length of time

In conclusion, it is usual, customary, reasonable and medically necessary for this patient to receive 12 sessions lumbar spine therapy. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain.

SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 26 years of practice established, accepted chiropractic and 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)