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Notice of Independent Review Decision

DATE OF REVIEW: 03/14/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Appeal PT 3x4 Lumbar 97110 97140 97150 97035
G0283(pnr)

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

Texas Board Certified Orthopedic Surgeon

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

1. 07/02/XX - Physical Therapy Note
2. 07/07/XX - Physical Therapy Note
3. 07/29/XX - Clinical Note - M.D.
4. 10/07/XX - Clinical Note - M.D.
5. 10/12/XX - Physical Therapy Note
6. 10/20/XX - Physical Therapy Note
7. 10/22/XX - Physical Therapy Note
8. 10/25/XX - Physical Therapy Note
9. 10/29/XX - Physical Therapy Note
10. 11/02/XX - Physical Therapy Note
11. 11/03/XX - Physical Therapy Note
12. 11/09/XX - Physical Therapy Note
13. 11/11/XX - Physical Therapy Note
14. 11/15/XX - Physical Therapy Note
15. 11/17/XX - Physical Therapy Note
16. 11/30/XX - Physical Therapy Note

- 17. 12/06/XX - Physical Therapy Note
- 18. 12/06/XX - Clinical Note - M.D.
- 19. 12/16/XX - Physical Therapy Note
- 20. 12/20/XX - Physical Therapy Note
- 21. 12/28/XX - Physical Therapy Note
- 22. 01/05/XX - Clinical Note - M.D.
- 23. 01/06/XX - Physical Therapy Note
- 24. 01/10/XX - Physical Therapy Note
- 25. 01/12/XX - Physical Therapy Note
- 26. 01/12/XX - Notification of Adverse Determination
- 27. 01/27/XX - Notification of Adverse Determination
- 28. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury.

The employee saw Dr. on 07/29/XX. The employee complains of back pain and occasional leg pain. Physical examination revealed decreased range of motion. The employee was able to heel and toe walk. There was no evidence of nerve root tension or nerve root irritation in the lower extremities. Sensation was intact. Straight leg raise was negative. No atrophy was noted. The employee was assessed with lumbar sprain and spondylosis. The employee was recommended for conservative treatment. The employee saw Dr. on 10/07/XX. The employee complains of low back pain and some buttock pain. Physical examination revealed mild spasm. There was decreased range of motion at the extremes. The employee was able to heel and toe walk. There was no evidence of nerve root tension or nerve root irritation in the lower extremities. Sensation was intact. Straight leg raise was negative. There was no atrophy noted. The employee was assessed with spondylosis. The employee was recommended for physical therapy.

The employee was seen for physical therapy evaluation on 10/12/XX. The employee complained of mild low back pain with stiffness and intermittent numbness into the buttocks. Physical examination revealed mildly reduced lordosis. There was full motor strength. Reflexes were symmetrical and bilateral. Sensation was intact to light touch. There was increased numbness in the buttocks and stiffness in the low back with repeated flexion in standing. The employee was recommended for eight to twelve sessions of physical therapy.

The employee saw Dr. on 12/06/XX. The employee had continued complaints of low back pain with occasional leg pain. Physical examination revealed mild spasm. Lumbar range of motion was decreased at the extremes. The employee was able to heel and toe walk. There was no evidence of nerve root tension or nerve root irritation. Straight leg raise was negative. Sensation was intact. No atrophy was noted. The employee was assessed with spondylosis without myelopathy. The employee was recommended for continued conservative treatment.

The employee saw Dr. on 01/05/XX. The employee continued to have back pain and stated he was not ready to return to work. The employee was not interested in epidural

steroid injections. Physical examination revealed mild spasms. There was full lumbar range of motion. The employee was able to heel and toe walk. There was no evidence of nerve root tension or nerve root irritation in the lower extremities. Reflexes were normal. Sensation was intact. Straight leg raise was negative. The employee was assessed with spondylosis without myelopathy and displacement of intervertebral disc without myelopathy. The employee was recommended for continued conservative treatment.

A physical therapy note dated 01/12/XX stated the employee reported minimal soreness and tightness with no problems following the last treatment. The employee transitioned and ambulated with no deviation or guarding. The employee was recommended for continued physical therapy with lumbar derangement protocol, increase weight, exercise, and other functional activities are tolerated.

The request for physical therapy 3x4 for the lumbar region was denied by utilization review on 01/12/XX as guidelines recommend a maximum of 10 therapy sessions for an injury of this nature. The employee's functional deficits do not warrant going outside guidelines recommendations. The request for physical therapy 3x4 for the lumbar region was denied by utilization review on 01/27/XX as guidelines recommend a maximum of ten therapy sessions for an injury of this nature. The employee had completed eighteen physical therapy sessions to date. The employee's functional deficits do not warrant going outside guidelines recommendations.

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

The requested twelve sessions of physical therapy would not be medically necessary. The employee has completed eighteen sessions of physical therapy to date, which exceeds guideline recommendations for the employee's diagnosis. To continue with physical therapy, guidelines recommend that exceptional factors be present. The employee's most recent physical evaluation was fairly unremarkable. The employee demonstrated some muscular spasm of the lumbar spine; however, no other significant functional limitations were present. The employee could reasonably continue with a home exercise program to address muscular spasms. Further physical therapy would not be warranted based on the examination findings.

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

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