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Notice of Independent Review Decision

DATE OF REVIEW: May 5, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
9 active physical therapy visits (03/04/2011 – 04/12/11)

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

REVIEW OUTCOME

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

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who sustained injury to his lower back on xx/xx/xxxx. He was installing a tire onto a rim using a tire bar. He was pushing on the tire bar when it slipped out of the rim causing him to twist his body counterclockwise. He felt a sharp pain and popping sensation in the lower back.

The next day, the patient was seen at for complaints of pain in the left lower back/flank area and pain in the left leg. M.D., noted restricted lumbar range of motion (ROM), spasms in the left flank and the lumbar spine with tenderness. X-rays were reportedly negative. He diagnosed left lumbar strain, administered Toradol, prescribed medications including naproxen, Skelaxin and hydrocodone/acetaminophen, recommended physical therapy (PT), provided ice/cold packs and recommended modified duty work.

On February 15, 2011, the patient underwent PT evaluation at the CMC and attended a session with the modalities consisting of electrical stimulation and therapeutic exercises. He was provided a lumbar roll and was recommended PT three times a week for two weeks.

Dr. subsequently discontinued Naprosyn and started the patient on ibuprofen. PT and a home exercise program were continued. He continued to experience pain in his lower back and decided to seek a second opinion. He presented himself to Health Centers on February 21, 2011, and was evaluated by D.C. Examination revealed tenderness at the lateral portion of the left side of the lumbar spine, restricted lumbar ROM, decreased muscle strength in the left lower extremity, positive left straight leg raising (SLR) and Lasegue's. Dr. obtained x-rays and diagnosed sprain/strain to the lumbar region. He planned the treatment with nine sessions of PT, Biofreeze, foot levelers, LSO support, NMES unit, electrodiagnostic studies, magnetic resonance imaging (MRI) of the lumbar spine, evaluation by Dr. for medication management and off work.

On March 3, 2011, the patient underwent a functional capacity evaluation (FCE) in which he qualified at a light physical demand level (PDL). He was limited with regard to functional tolerance levels and ROM in affected areas and should begin with a gradual increase in condition to minimize chances of exacerbation or re-injury. He was recommended active therapeutic exercise program. The evaluator stated the rehabilitative exercise program would focus on increasing the patient's overall strength, endurance, flexibility and coordination as well as increasing ROM of the affected areas and rendering the treatment would facilitate progression towards the case resolution.

On March 4, 2011, request for nine PT visits between 03/01/2011 and 04/30/2011 was denied with the following rationale: "*Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below: This request for nine physical therapy visits is non-certified. I have been asked to review a request for therapy x9. Online Version of ODG Preface states: "(5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and (6) When treatment durations and/or number of visits*

exceeds the guideline, exceptional factors should be noted. If additional circumstances are present, documentation must support medical necessity. "According to the carrier, 9 visits were certified to be rendered from February 16, 2011, through April 17, 2011. Medical necessity for nine additional visits is not certified as not supported by documentation and not consistent with guideline recommendations."

On March 16, 2011, MRI of the lumbar spine revealed: Left paramedian 6 mm disc protrusion at L4-L5 with disc material abutting descending left L5 nerve root in the lateral recess. Mild disc signal and height loss at L4-L5 with mild broad-based posterior disc bulge. Mild left neural foraminal narrowing at L4-L5 secondary to disc bulge and facet joint hypertrophic changes with disc material abutting inferior aspect of exiting left L4 nerve root.

On March 28, 2011, Dr. noted the complaints of pain in the lumbar and thoracic spine and lumbar pain radiating up to the thoracic spine. Past medical history was positive for right forearm fracture in 1995. Dr. noted limited lumbar ROM with tenderness on the left side, positive SLR on the left and positive Lasegue's test. He diagnosed lumbar intervertebral disc displacement, referred the patient to Dr. for pharmacological, nonpharmacological and other approaches to prevent, reduce or stop pain complaints. He provided Biofreeze to be applied two to three times a day on the tender areas to relieve pain in sore muscles and joints, sprain/strain and backache. He stated the patient was unable to participate in any work activities and ordered EMG study and foot levelers.

On April 12, 2011, appeal for 9 PT visits between 04/05/2011 and 06/04/2011 was denied with the following rationale: *Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, the request for nine physical therapy visits is non-certified. The patient is a male diagnosed with lumbar intervertebral disc displacement. ODG suggest 10 sessions of physical therapy over eight weeks for a lumbar sprain. The documentation submitted for review was insufficient to detail the patient's functional response to therapy received thus far. Documentation submitted for review also indicates that the patient has been educated in a home exercise program from which he could derive further benefit. The request as stated would exceed the recommended treatment guidelines. As such, the request for nine sessions of physical therapy is non-certified.*"

On April 12, 2011, Dr. reviewed the MRI done on March 16, 2011, that showed left paramedial 6-mm disc protrusion at L4-L5 with disc material abutting descending left L5 nerve root in the lateral recess. L4-L5 with broad-based posterior disc bulge. Mild left neural foraminal narrowing at L4-L5 secondary to disc bulge and facet joint hypertrophic chances with disc material abutting inferior aspect of exiting left L4 nerve root. The patient was utilizing ibuprofen, Norco, tramadol and Lidoderm patches. Dr. continued Biofreeze and referred the patient to Dr. for medication management and also to Dr. for surgical evaluation of the lumbar spine. In view of presenting symptomatology, objective findings elicited upon examination and pending PT, Dr. kept the patient off work through May 2, 2011. EMG to rule out possible radiculopathy was still pending.

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

Based on the records provided, the employee stated that he was injured while at work when mounting a large tire in the course of his regular work activities. He continued to work because it did not hurt that much but hurt much worse the next day. He sought treatment at Medical Centers and was evaluated by PA. The straight leg raising test was negative bilaterally. Gait was normal. There were no lower extremity symptoms. The assessment was lumbar strain/sprain (847.2).

Physical therapy evaluation reported that pain was rated at 8 on a pain scale from 0 (no pain) and 10 (extreme pain). Employee was working light duty. There was no motor deficit. DTRs were symmetrical. Ranges of motion in the lumbar spine were limited. Formal physical therapy was scheduled for 9 sessions with instruction in a home-based self-directed exercise program.

On 02/21/2011, the employee presented to DC. The employee was described as a 5'11" tall male weighing 265 pounds (BMI – 37, obese). FCE was obtained on 03/03/2011 by Dr. reporting the employee was in the light physical demand level. Additional physical therapy was requested and denied on 03/04/11.

On 03/16/2011, a lumbar spine MRI was obtained that reported degenerative disc disease with an IVD disorder causing impingement on L5 on the left.

On 03/28/2011, Dr. changed the diagnosis to acute lumbar IVD displacement and the employee was removed from all work activities.

On 04/12/2011, the employee begins reporting lower extremity symptoms with the right > left. EMG was requested. Employee was receiving medications from Dr. The employee would be referred to Dr. for surgical evaluation. The employee remained totally disabled from 04/12/2011 through 05/02/2011.

The employee appears to have strained his lower back and was found to have degenerative lumbar spinal disc disease during the course of evaluation. The relatedness of the findings on MRI does not correlate with the clinical examination and are more than likely unrelated. Therefore, the ODG treatment guidelines of 10 sessions of physical therapy with transition to home based self directed exercises appear reasonable. In this case, the previous denials for continued physical therapy are upheld.

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

☒ **ODG- ONLINE BASED OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**