

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 10/31/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPT:	Description:	Request Date:	Determ Date:
G0283	E-Stimulation	09/19/11	09/26/11
97035	Ultrasound, 15 min	09/19/11	09/26/11
97110	Therapeutic Exercise	09/19/11	09/26/11
97112	Neuromuscular Re-Education	09/19/11	09/26/11
97113	Aqua Therapy w Therapeutic Exercises	09/19/11	09/26/11
97140	Manual therapy techniques;ea.15 min	09/19/11	09/26/11

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

Texas Board Certified Family Practice

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. Initial review dated 09/12/2011
2. Re-consideration dated 09/26/2011
3. Clinic note dated 08/30/2011
4. Medical record review dated 07/11/2011
5. Addendum to medical record review dated 07/06/2011

PATIENT CLINICAL HISTORY (SUMMARY):

This is a male who was evaluated on xx/xx/xx. At that time, he was evaluated for treatment of low back pain. He stated he was injured on xx/xx/xxxx. He was hauling hard, heavy equipment and moving objects in a wheelbarrow and he hit something, he stopped and felt a pop in his back. He states he was also kicked by an ostrich. He thinks this was reported to his doctor but he was told he had no significant injury and

was given medication. He evidently went to a chiropractor who told him he had a herniated disc. He has had 10 visits of chiropractic care. A previous CT scan was reported as normal. On exam, he had low back pain, left worse than right. He reports tingling and numbness in both anterior thighs, and a heavy/numb sensation down both legs. He reports feeling worse with bending, sitting, walking. He reports that he is limited walking to two miles and then his legs go numb. On exam, he had moderate tightness in his hamstrings, piriformis, quadriceps, hip flexors, and gastrocnemius bilaterally. Lumbar range of motion showed flexion to be 31 degrees, extension 12 degrees, lateral flexion to the left at 9 degrees and lateral flexion to the right at 8 degrees. He had moderate tenderness in the lumbar paraspinals. Plan was to provide therapy 3 times a week for 8 weeks.

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

Therapy noncertified as patient appears to have plateaued and there is no reason that he cannot participate in a home exercise program. Therefore the request for E Stimulation, Ultrasound, therapeutic exercise, neuromuscular re education, aqua therapy with therapeutic exercise, and manual therapy techniques would not be considered reasonable and necessary.

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

REFERENCES:

ODG low back chapter

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

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (arthroplasty): 26 visits over 16 weeks

Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment: 48 visits over 18 weeks

Spinal stenosis (ICD9 724.0):

10 visits over 8 weeks

See 722.1 for post-surgical visits

Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):

10-12 visits over 8 weeks

See 722.1 for post-surgical visits

Curvature of spine (ICD9 737)

12 visits over 10 weeks

See 722.1 for post-surgical visits

Fracture of vertebral column without spinal cord injury (ICD9 805):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also Procedure Summary entry):

10 visits over 8 weeks