

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/15/11

**IRO CASE #:**

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

Outpatient physical therapy three times a week for four weeks to thoracic and lumbar spine regions

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of individuals suffering thoracic and lumbar strain syndromes

**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>Xx/xx/xxx</i>		<i>Upheld</i>

**INFORMATION PROVIDED FOR REVIEW:**

1. Independent Review Incorporated forms including certification page
2. referral forms
3. Denial letters, 08/17/11 and 08/23/11 including criteria used for denial
4. Documentation of hospital treatment on 01/29/11.
5. Evaluation performed on 07/19/11.
6. Problem-focused history 06/20/11.
7. Orthopedic and physical therapy evaluations and follow up 06/28/11 – 08/10/11.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee suffered injury to his thoracic and lumbar spines while trying to restrain a patient. The date of injury was xx/xx/xxxx. He was evaluated on at least two occasions on xx/xx/xxxx in the hospital emergency room. He was subsequently referred for evaluation and treatment. He has had consistent complaints of back pain and paravertebral muscle spasm. He has suffered anxiety and

depression and has utilized and been positive for illicit medications. He has been treated with a physical therapy program. He attended at least two sessions of physical therapy; however, he complained that he was concerned that physical therapy would aggravate his back pain problems. There have been no physical findings suggestive of radiculopathy. Physical therapy three times a week for four weeks has been requested for preauthorization and has been denied. Reconsideration was requested, and the preauthorization request was once again denied.

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

The injured employee has received authorization for physical therapy, which apparently he did not complete because of his fear that physical therapy would worsen his lumbar strain syndrome. The current request exceeds guidelines as published in the ODG 2011 Low Back Chapter recommending ten sessions over eight weeks for lumbar strain syndrome. It would appear that the previous denials were appropriate and should be upheld. The prior episodes of physical therapy were not effective and should not be preauthorized in excess of that recommended in the Official Disability Guidelines.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPH-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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)