

AccuReview

An Independent Review Organization

569 TM West Parkway

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

Notice of Independent Review Decision

[Date notice sent to all parties]: August 7, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

8-Physical Therapy, Lumbar

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

This physician is Board Certified Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

01-23-12: Office Visit dictated by DO.

02-15-12: MRI Lumbar Spine dictated by MD

02-20-12: Follow up visit dictated by DO.

02-20-12: Consult Request from Physical Therapy Referral dictated by, DO

02-23-12: Initial Evaluation dictated by PT

02-23-12: Therapeutic Exercise/Activity Log (02-23-12, 03-01-12, 03-05-12, 03-

08-12, 03-12-12, 03-15-12, 03-19-12, 03-22-12, 03-26-12, 04-16-12, 04-19-12,

04-23-12, 04-26-12, 05-01-12, 05-09-12, 05-16-12, 05-25-12, 06-04-12, 06-12-12)

03-01-12: PT note dictated by PT

03-05-12: PT note dictated by PT

03-08-12: PT note dictated by PT

03-12-12: PT note dictated by PT

03-14-12: Consult Request from Physical Therapy Referral dictated by DO

03-15-12: PT note dictated by PT

03-15-12: Sales Agreement for TENS kit from EMPI

03-19-12: PT note dictated by PT

03-22-12: PT note dictated by PT

03-26-12: PT note dictated by PT
04-13-12: Operative Report dictated by DO
04-16-12: PT note dictated by PT
04-19-12: PT note dictated by PT
04-23-12: PT note dictated by PT
04-26-12: PT note dictated by PT
05-01-12: PT note dictated by PT
05-07-12: Follow up visit dictated by DO
05-09-12: PT note dictated by PT
05-14-12: Consultation visit at dictated by MD
05-16-12: PT note dictated by PT
05-25-12: PT note dictated by PT
06-04-12: PT note dictated by PT
06-08-12: UR performed by DO
06-11-12: PT note dictated by PT
06-11-12: Follow up visit dictated by DO
06-18-12: Surgery Request by MD
06-22-12: UR performed by MD
06-28-12: Consult Request from Physical Therapy Referral dictated by DO
07-17-12: Office visit dictated by DO
07-19-12: Request for additional Physical Therapy dictated by PT

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured while at work on xx/xx/xx. Employed in sales, the claimant was walking out of a home when he slipped on a wet surface and fell back hitting his back against the wall with his full weight. He reported instant pain in his low back on the right side with referring pain down the posterolateral thigh and calf to foot with weakness in his right lower limb, nothing on the left.

01-23-12: Office visit dictated by DO. Chief complaint: Back, right lower limb pain. The claimant has previously been seen at Impact Urgent Care evaluated and treated by Dr. on three different occasions with treatments of (in respective order of visits): IM steroid injection of Depo 80 mg and prescriptions for hydrocodone and Flexeril; received Valium as well as Tramadol; Duragesic patch 25 mcg. Claimant stated that hydrocodone and valium made him too sleepy. Claimant does complain of trouble sleeping at night, great difficulty sitting or going from a sit-to-stand position. Claimant stated that when stands long enough, he has to lean on his left side. X-rays of lumbar spine AP and lateral views and thoracic AP and lateral showed some mild disc degeneration at L5-S1. Physical Examination: Lumbar Spine: Claimant can forward flex slowly to his knees with pain that goes to the posterolateral thigh to the knee. Extension induces pressure in his right buttock area. He has pain in the right buttock when he does hip abduction and adduction resistance. Neurologic: 1+ Achilles reflex on the right, 2+ on the left; 2+ patellae reflexes bilaterally. Straight leg raise induces right posterolateral thigh pain to the knee at 50 degrees, negative on the left. X-Rays: Lumbar spine AP and lateral with flexion-extension views: There is some

significant L5-S1 greater than L4-5 disc degeneration. Assessment: Probable traumatic-induced right lumbar nerve root irritation could be L5 or S1, but I am looking more towards S1 on this examination. Plan: 1. MRI of the lumbar spine due to significant pain. Claimant has pain at night, does not have great range of motion. "I feel if he does physical therapy it will only increase his symptoms, and he is really not able to tolerate much activity at this point". 2. Intramuscular and oral corticosteroids. 3. Nucynta 100 mg on PO Q6hr as needed for pain, Flexeril 10 mg one tab PO TID. 4. Claimant will follow up after the MRI of the lumbar spine. Claimant is a candidate due to decreased Achilles reflex as well as reproducible signs on examination of radicular pain. IM Depo-Medrol 80mg with Xylocaine administered.

02-15-12: MRI Lumbar Spine dictated by MD. Impression: 1. At L3-L4 flattening of the thecal sac with mild bilateral foraminal narrowing is noted. 2. At L4-L5 mild central canal stenosis is seen with moderate bilateral foraminal narrowing. 3. At L5-S1 a 3.0 mm annular disc bulge is seen with moderate facet joint arthrosis, moderate bilateral foraminal narrowing is identified.

02-20-12: Office note dictated by DO. Claimant presented with continued pain going down the right lower limb in the posterior thigh and calf area, modestly improved. Claimant stated he can walk further and maybe sit for up to a half hour; however his job entails him to sit sometimes two or three hours at a time as a salesman. Claimant stated Flexeril has improved his sleeping difficulty quite a bit. Going down stairs will particularly shoot off his leg pain. Physical Examination: Repetitive extension and forward flexion based discomfort going to the right buttock area. Straight leg raise induces posterior thigh pain halfway down the calf area at 60 degrees on the right, negative on the left. Neurological reveals he has decreased sensation in the posterior thigh and calf about 20% on the right compared to the left side. He does have reproducible buttock pain with heel and to walking. Assessment: Probable right L5 nerve root irritation due to symptomatic foraminal stenosis and L4-5 lateral recess stenosis. It is understood that he does have L4-5 disc degeneration with L5-S1 facet arthropathy, but in my medical opinion, he has aggravation of moderate foraminal stenosis causing reproducible radicular pain. Plan: 1. Physical therapy. "I think he is improved enough that he can do that". 2. Refill Flexeril and Nucynta. 3. Follow up in 3-4 weeks. If claimant fails to improve, we will consider lumbar epidural steroid injection right L5 transforaminal approach.

02-23-12: PT – Initial Evaluation dictated by PT. Claimant complains 8/10 constant stabbing low back pain with sharp pain down his right leg (hip, thigh and knee). Current level of functioning: limited with pain medication and pain present with home chores and mostly lying down. Assessment: Claimant presented with L-spine radiculopathy and SI dysfunction after fall. Claimant will benefit from skilled PT services: ROM, strength, core stability and reduce radicular symptoms while improving function. Goals: 1. Improve with HEP. 2. Claimant to report ability to sit for 1 hour w/o pain. 3. Claimant to complete full ROM all planes with

0/10 pain right LB. 4. Claimant to present with equal medial malleoli on consecutive visits with improved core ability. Plan: 2 x per week for 4 weeks.

04-13-12: Operative report dictated by DO. Preoperative Diagnosis: Right L5 radiculopathy. Operation Performed: 1. Right L5 transforaminal epidural steroid injection. 2. Fluoroscopic guidance.

04-16-12: PT note dictated by PT. Claimant stated injection did not relieve pain and he feels worse. Objective: Therex: to increase core stability and improve posture while reducing radicular s/s. Manual: approximate 30 separation in extension to right, MET with correct left innominate posterior rotation, massage to paraspinal with flexion to increase L-spine curve, right hamstring and leg. Assessment: Begin including next visit, claimant felt better with treatment. Plan: continue plan of care.

04-23-12: PT note dictated by PT. Claimant stated injection did not help and set him back from missing therapy. Objective: Therex: to increase core stability and reduce radicular symptoms. Manual: MET to correct left posterior rotation. Assessment: Improvement in symptoms after therapy. Claimant will benefit from continued core strengthening to decrease rotation and SI dysfunction. Plan: continue with treatment plan recommended 2 x per week for 4 weeks.

04-28-12: PT note dictated by PT. Claimant reported that he is feeling better with therapy, however has good days and bad days. Objective: Therex: to increase core stability and reduce radicular symptoms while improving posture. Manual: MET to correct right post rotation, massage to SI prone to correct right upslip. Assessment: Claimant will benefit from additional therapy secondary consistent SI rotation/upslip. Plan: continue plan of care.

05-07-12: Follow up visit dictated by DO. Claimant stated ESI did not help. Claimant still has complaints of pain in his low back down to the right lower limb probably from foraminal stenosis. Physical Examination: Palpatory tenderness lumbosacral junction, increased with repetitive extension and decreased with forward flexion. Straight leg raise is positive on the right at 50 degrees, negative on the left. Assessment: Probable symptomatic foraminal stenosis L5-S1 greater than L4-5. Plan: 1. Two referrals, one to Dr of chiropractic and the other a spine surgical evaluation just in case he is having significant symptoms and would like to talk about what his outcome would be and what the procedure would entail. 2. Claimant will follow up in one month. 3. Continue Nucynta.

05-09-12: PT note dictated by PT. Claimant reported he is feeling better and traction seems to make a difference. Objective: Therex: to increase core stability static/dynamically while improving posture. Manual: MET to correct left posterior rotation, prone manipulation with patient permission to correct left upslip, massage to paraspinal to correct L-spine curve reversal. E-stim – IFC 10 degrees to L to decrease pain. Treatment 12, 110 10 pull to decrease radicular symptoms.

Assessment: Claimant was slightly uneven at medial malleoli. Claimant tolerated progression of therapy well. Plan: continue plan of care.

05-14-12: Consultation note dictated by MD. Claimant presented with complaints of back pain. Claimant has not tried chiropractic; tried physical therapy without relief; ESI or facet blocks without relief. Pain is increased by activity, decreased by rest and NSAIDs, somewhat. Pain varies in intensity. Lumbar Spine Motion and Palpation: Motion is good/near normal in flexion, extension and lateral bending. Palpation demonstrates paraspinous tenderness at and below the intercrestal line. Noted the claimant had some mild sciatic notch tenderness on the both sides. Seated and supine straight leg raise are negative on the left and right. No tenderness radiating below the knee Stimulated rotation does not cause pain in the low back. Waddells sign negative. Assessment and Plan: Likely psoriasis and possibly psoriatic arthritis as a pre-existing condition aggravated by low energy fall that would normally not cause long term back pain; Back pain without instability; degenerative changes noted in lumbar spine consistent with spondylosis; no surgical indications; follow-up with referring doctor; no follow up necessary here; refer to rheumatology to evaluate for psoriatic arthritis and possible treatment. 1. Sciatica 724.3, Rheumatology referral. 2. Lumbosacral Spondylosis without myelopathy 721.3.

05-25-12: PT note dictated by PT. Claimant reported that he has pain on right side beginning day after last PT/chiropractic treatment. Objective: Therex: to increase core stability while improving posture and reducing radicular symptoms. Manual: rib carntapresure and springing, thoracic spine mobilization, SI manip to correct left unslip with claimant's permission. ICC to decrease pain/increase blood flow to LS. Traction for 12 degrees prior to decrease ment compression. Assessment: Claimant continues to require increase in core stability to decrease SI dysfunction. Claimant was educated to complete core therapy encrydory. Plan: continue plan of care.

06-04-12: PT note dictated by PT. Claimant reported his pain is slowly decreasing to 4/10-5/10. Objective: Therex: to increase core stability while improving posture and reducing radicular symptoms. Manual: MET to correct left posterior rotation. Prone manipulation to correct left unslip, massage to paraspinals with fund flexion to increase lumbar curve reversal. IFL to LB to decrease pain and increase blood flow ROM. Assessment: Slight unslip on left. Claimant denies improvement in hamstring strength and pain level, however, continues to require improvement. Plan: continue plan of care.

06-08-12: UR performed by DO. Reason for denial: The claimant has already greatly exceeded recommendations under ODG for further PT. The claimant has had 18 sessions to date with considerable improvement; should transition to HEP. I am unable to certify further PT under ODG.

06-11-12: PT note dictated by PT. Claimant stated he is consistent with HEP. Objective: IFC – to LB to decrease pain/increase blood flow. Therex: to increase

core stability and improve posture. Manual: MET to correct left SI posterior rotation, prone SI manipulation with claimant's permission to correct unslip, lumbar flexion – to decrease pain radicular symptoms. Assessment: Claimant educated on importance of HEP. Claimant continues to require improvement in core to decrease SI dysfunction. Plan: continue plan of care.

06-11-12: Office visit dictated by DO. Claimant presented with complaints of still having back pain that refers down the right lower limb. Dr did not deem claimant surgical candidate. Dr, recommended medial branch blocks. Physical Examination: Palpatory tenderness right lumbosacral junction, increased with repetitive extension and decreased with forward flexion. Positive Kemp's maneuver on the right, negative on the left. Straight leg raise induces mild right buttock discomfort and SI joint discomfort. Positive lateral compression testing and Gaenslen's maneuver on the right, negative on the left. Assessment: Claimant now has mainly axial back pain with some referred posterior thigh symptoms to the knee, which could be from facet joint. Plan: 1. I recommend right L4-5 and L5-5 diagnostic medial branch block. If positive, consider radiofrequency neurotomy. He has been compliant with a home exercise program. 2. At Dr. suggestion, he has also requested an acupuncture evaluation. We will do that and send him to Dr.

06-22-12: UR performed by MD. Reason for denial: Based on the review of the medical records provided, is the proposed treatment consisting of 8-Physical Therapy Lumbar is not appropriate and medically necessary. There is no recent exam by the treating Dr. since 5/14/12. There are 18 prior visits. The request for 8 additional PT visits exceeds evidence based guidelines. The claimant should be able to transition to an HEP. The request is not medically necessary per evidence based guidelines.

07-17-12: Office visit dictated by DO. Claimant presented with continued back pain. Claimant has completed 18 physical therapy visits with significant improvement. Physical Examination: unchanged. Plan: 1. We will re-submit a request for the acupuncture. This is supported by ODG for a patient with chronic back pain. Medial branch block has been approved and will be done on the 20th. 2. He wants to know if there is anything else he can try. He is not taking any medications right now, but prolonged sitting, standing, and walking seem to bother him. He can take over-the-counter ibuprofen or naproxen sodium. He will start Flexeril 10 mg at night to help him sleep as well as Norco 5/325 one PO TID as needed in case he is having really bad day. 3. He will contact me after he has the medial branch block. If it is positive, we will consider radiofrequency neurotomy. Hopefully, that will let him get back to work as soon as possible.

07-19-12: Request for continued physical therapy written by PT. The claimant is receiving treatment for L5 lumbar radiculopathy, and was recently denied request for additional visits. The claimant recently noticed a decline when on a break from therapy treatment secondary to receiving an injection that he felt did not benefit him. At the last treatment approved, the claimant continued to demonstrate

rotation in the SI joint due to decreased core stability. The Guide to Physical Therapy Practice has listed the expected range of number of visits per episode of care for this diagnosis is 8-24 visits. Eighteen visits of physical therapy is not at all unreasonable or excessive considering his status upon initiating therapy. The balanced approach combines necessary modalities, manual therapies with comprehensive active rehab programs developed for each patient and his or her condition. Without physical therapy, claimants experience longer recovery times with greater pain and less than maximal functional recovery; which could result in chronic condition, and incur even greater health costs. The claimant has the potential to return to a higher level of function of he is given the opportunity to receive care needed.

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

Denial of additional 8 PT visits to Lumbar spine is agreed upon/upheld. Per ODG Low Back Chapter, the request exceeds recommended number of visits – 10-12 over 8 wks for lumbar radiculopathy. And clinically there has been limited improvement after 18 PT visits and the claimant has been instructed in a HEP. Therefore, after reviewing the documentation and medical records provided the request for 8-Physical Therapy, Lumbar is not medically necessary and denied.

Per ODG:

Physical therapy (PT)	<p><i>ODG Physical Therapy Guidelines –</i></p> <p>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".</p> <p>Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks</p> <p>Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks</p> <p>Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks</p> <p>Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks</p> <p>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</p> <p>Intervertebral disc disorder with myelopathy (ICD9 722.7) Medical treatment: 10 visits over 8 weeks Post-surgical treatment: 48 visits over 18 weeks</p> <p>Spinal stenosis (ICD9 724.0): 10 visits over 8 weeks See 722.1 for post-surgical visits</p> <p>Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4): 10-12 visits over 8 weeks</p>
-----------------------	--

	<p>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</p>
--	---

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)