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 OF REVIEW: June 2, 2012
IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
12 sessions of 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 15 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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was employed mixing mortar when he sustained a work- related injury on xx/xx/xx. He was lifting a large object off the conveyor belt when he felt a sharp, severe pain in his low back. He went to the local emergency room where he was examined and released home. He went home that day and experienced continued increasing low back pain and returned to the emergency room 3 days later. At that time, x-rays and MRI were performed. He began treating conservatively and underwent physical therapy for an uncertain length of time. Due to continued pain and unresponsiveness to treatment, the claimant underwent ESIs to the lumbar spine which he reports offered little temporary reduction of pain. Since that time, he has experienced constant low back pain
and left leg pain that prevents him from working or performing physical tasks. He reports having to use a cane for walking and continues to do so today.

06-18-09: Patient Evaluation dictated by, MD. Noted the claimant had no structural deformities on physical examination. Flexion only 20 degrees. There was a positive straight-leg raising on the right side at 30 degrees, but negative on the left side. On the right side, there was weakness in the right tibialis anterior and extensor hallucis longus. MR scan done on 9/10/08 showed description of disc bulging at L3-4 and L4-5 with no significant stenosis at that time. Dr gave his opinion of Lumbar Radiculopathy due to symptoms and findings. Plan: Patient

should undergo MR scan and EMGs of both lower extremities.

10-21-09: MRI Lumbar Spine dictated byMD. Impression: 1. Subtle right paracentral disc protrusion superimposed on spondylosis and annular disc bulging at L3-4. There is mild canal stenosis and bilateral neural foraminal stenosis at the L3-4 level. There is also a 2mm dorsal subluxation of L3 relative to L4 on a degenerative basis. 2. The neural foramina bilaterally at L4-5 are moderately encroached secondary to spondylosis and annular disc bulging. The existing L4 nerve root sheaths do not appear compressed. The lateral recesses at L4-5 are encroached, but no central canal stenosis at L4-5 is seen. 3. The left L5-S1 neural foramen shows mild-to-moderate encroachment and the right L5-S1 neural foramen is mildly encroached. No significant canal stenosis at L5-S1 is identified. 4. I see no canal stenosis at L1-2 or L2-3. The neural foramina bilaterally at L1-2 and L2-3 show only minimal encroachment.

03-05-10: Operative note dictated by MD. Postoperative Diagnosis: Spinal stenosis L3, L4, L5, bilateral lumbar radiculopathy, neurogenic claudication. Procedures: Decompressive laminotomy L3, L4, L5, bilateral foraminotomies L3-4, L4-5. No complications noted.

06-10-10: Progress note dictated by MD notes claimant was fitted with a custom orthosis, which he has been using most of the day. Incision is well healed and claimant stood in balance. There was limited side-bending, and back pain present with straight-leg raising. The claimant was neurologically intact in the right and left lower extremities.

08-19-10: Follow up visit progress note dictated by, MD. Noted claimant was doing well until one week prior when he developed an onset of pain in his right knee; almost collapsed due to this pain. Continued to use the back brace, which has been helpful per claimant.

12-09-10: Follow up visit progress note dictated by, MD. Claimant still complained of back pain without radiation down either leg. Low back exam indicated reduction in range of motion to only about 25 degrees of flexion and back pain with straight-leg raising, no true nerve root tension signs.

03-10-11: Follow up visit progress note dictated by MD. Noted the claimant was using brace without seeing improvement. Examination showed about 40 degrees of forward flexion, minimal tenderness, and back pain with straight-leg raising. Encouraged claimant to wean himself from the use of the brace, engage in an exercise program on his own, and to lose some weight for pain improvement.

09-08-11: Follow up visit progress note dictated by, MD. Noted the claimant was walking as much as possible but still required Vicodin for pain control. Examination shows 45 degrees of flexion and back pain with straight-leg raising; no true nerve root tension signs. Gave prescription for hydrocodone and will referred him to the Pain Management.

11-04-11: Initial Medical Report dictated by DC. Claimant noted chief complaint of moderate to severe lower back pain which radiated into his left leg to his toes. He experienced numbness and tingling in the left leg and toes. He rated his pain varying in intensity from dull strong ache at 7/10 to at times severe pain 10/10. He complained of difficulty with ADLs such as: washing dishes, bathing and daily household chores. Claimant reported that his constant lower back pain kept him from working or performing physical tasks, and that because of this had to use a

cane for walking. Orthopedic examination: Patient complained of decreased sensation on the left L4 and L5 dermatomes to pinwheel examination. DTR's of the UE's were +2/5. There was +1 Knee jerk on the left and +1 Achilles' reflex bilaterally. There was 4/5 strength of the knee extensors and ankle dorsiflexors on the left. He complained of increased LBP with lower extremity muscle testing. AROM was reduced as follows: flexion <30 degrees, extension 8 degrees, right rotation 10 degrees, left rotation 16 degrees, left side bend 14 degrees, right side bend 18 degrees. Murphy's punch negative. A slight Trendelenburg stance and gait was noted with left side favoring. Straight leg raise was positive at 60 degrees on the left with low back pain and radicular pain down to the buttock and somewhat in the thigh posteriorly on the left. Kemp's test was positive bilaterally for local low back pain. Medial hip rotation test was positive on the left leg for low back pain. Nachlas', Yeoman's, and Eli's test were positive bilaterally for low back aggravation secondary to performance rather than eliciting hip pathology. Soft tissue palpation elicited pain, myofascial trigger points, and spasms in the paraspinal muscles of the lumbar spine. Joint palpation and percussion of the spinous processes and facet joints elicited pain from L1 to L5. Treatment plan noted to refer claimant for FCE and MHE testing and evaluation to determine current functional status; and if he is a tertiary program candidate considering his chronic nature and symptoms.

11-10-11: Functional Capacity Evaluation done at xxxxx. The results of the FCE showed the claimant to perform at a frequency sedentary and an occasional light PDL throughout the evaluation. His occupation requires a Very- Heavy PDL. Assessment: The claimant is not capable of safely returning to work at this time. Due to the results of this evaluation and the patient's intent concern with his pain, he is unable to make marked progress with his rehabilitation. Returning the patient to a physical demand level which is higher than that demonstrated in functional testing places the patient in high risk category for re- injury and/or exacerbation. Mr. would be a good candidate for a pain management program. Short term goals for functional improvement: 1. Increase lifting ability to meet occupational minimums, 2. Vocational training, 3. Increase range of motion, 4. Develop effective pain coping strategies, 5. Coordination with mental health professional. Long term functional goals: 1. Independence in self- care, 2. Minimize chance of recurrence or exacerbation, 3. Full and complete RTW.

11-11-11: xxxxx Evaluation dictated by PhD. Measures & Results: BDI-II: 18, indicating a mild level of depression, BAI: 8, indicating a mild level of anxiety, BPI: Patient rates worst pain 9/10 and least pain 6/10 with an average of pain reported 8/10. Patient reports that medications do not seem to provide any lasting relief but that he experiences a pain reduction of approximately 40% when he takes OTC NSAID medicines. FABQ: 20/24, indicating a severe level of perceived fear about general physical activities resulting in increased pain. Fear-avoidance beliefs about work/job related activities: 36/42, indicating a severe level of perceived fear about workplace related physical activities in increased pain. ODQ: 58%, indicating that his level of disability is in the "severe disability" range indicating that the Pain remains that main problem for the patient as activities of daily living are affected. Clinical Impression: Based on the above assessment scores and pain levels and medical diagnoses, it is clinically indicated that the patient could benefit from and should participate in a multidisciplinary

chronic pain management program. The patient repeatedly expressed the desire to return to his pre-morbid level of functioning, despite his present chronic pain and is willing to endure more pain and discomfort associated with the program regimen demonstrating his motivation to change. Provisional Diagnosis: Axis I: Pain Disorder Associated with both Psychological Factors and a General Medical Condition (307.89), Axis II: V71.09, Axis III:
722.10 Lumbar disc herniations, 724.4 Lumbar radiculopathy, 728.85 Muscle spasms, Axis IV: Financial stress, medical complications and comorbidities, limited social support, disabled-cannot work. Axis V: Current GAF: 65, Highest in past year: 60. Recommendations: It is clinically indicated that the patient could benefit from and should participate in a multidisciplinary chronic pain management program. Interventions: 1. Cognitive Behavioral Therapy oriented psychosocial sessions: build on patient's current pain-related coping skills, patient will learn
new skills for coping with pain, patient will learn about how between thoughts, feelings and behaviors affect pain. 2. Patient will be instructed on using pain rating scale to identify current level of pain intensity, determines a comfort/functional goal. 3. Patient will receive psycho-education on pain, diet and
nutrition, medication compliance and management: Discipline to include: surgical specialists, OT, PT, RD, MD, DC, and PhDs.

11-14-11: Evaluation note dictated by MD. Examination of Lower Extremities: reflexes: +1 on right and +1 on left on Knee jerk and Ankle jerk, sensory: 80% on the right and 80% on the left on Anterior leg, Dorsal foot and Plantar, motor: 3/5 on right and 3/5 on left in Knee (flexion & extension), Ankle (Dorsi & Plantar flexion), Toes (flexion & extension), Straight Leg rise test: Positive at 70 degrees on the right and 70 degrees on the left, Jump sign: positive, sacroiliac joint tenderness: positive a right and left side. Based on the clinical findings, it was recommend the patient undergo Transforaminal Steroid Injections. A MRI of lumbar spine, EMG, F/U within 4 weeks, and AROM and PROM 3 times a week for 6 weeks was also recommended.

01-04-12: Physician Progress Note at xxxxxx. Claimant presented with complaints of decreased sleep <4hrs due to "cramps", decreased ability in ADL's and increased pain with walking. Findings noted decreased lumbar spinal ROM due to pain, decreased sensation at L4, SLR positive for LBP with left leg elevation at 70 degrees. MRI request denies, will consider round of PT/tertiary as a trial.

01-05-12: Follow up visit progress note at xxxxxx MD PA. Results noted positive spasm, positive SLR, decreased ROM. Patient received ESI injection with no relief will continue Norco and Zanaflex for pain management.

01-12-12: Collaborative Report for Medical Necessity of Chronis Pain Management Program dictated by, DO. Reference made to Psychological assessment completed by, PhD on 11/11/11. Per Dr., there are currently no further treatment recommendations that have been made in treatment of this patient at this time. A pain management program to address persistent functional and behavioral issues is reasonable and the best opportunity for more favorable outcome.

01-27-12: Reconsideration: Collaborative Report for Medical Necessity of Chronic Pain Management by DC. Noted UR denial for Chronic pain management program – 80 hours for the following reasons: In this case there is no evidence that EE has received any postop therapy of any kind. In this case, the psych values are relatively mild. FCE dated 11/10/11 revealed no ability to perform dynamic lifts

from the floor to shoulder. Dr is recommending a CPMP. (This report was incomplete)

04-04-12: Physician Progress Note at xxxxx. Received IRO denial and discussed with patient. Patient clarified that after his surgery, Dr. placed him in a "parachute" brace for 1 year and was never referred for physical therapy. March 2011, when the brace was removed, note from Dr. stated for patient to do HEP. Patient reports he was never given exercises. Therefore, we are requesting PT 3x4.

04-11-12: Request for Pre-authorization for Post Operative Physical Therapy by DC. Treatment Plan: 12 sessions of active therapeutic rehabilitation consistent of: combined PROM/AROM TE; PIR manual therapy; PRE DeLorme; and variable associated active one on one therapeutic exercise, 12 individual treatments of multi-segmental level II-IV joint mobilization to assist in A/PROM improvement and restoration of normal arthrokinematics of the injured area, Combined iso-internal and iso-kinetic exercises to improve strength and endurance of the affected area of complaint. Requesting 3 weekly sessions for the duration of 4 weeks with patient compliance mandatory.

04-16-12: UR performed by DC, DACAN. Reason for denial: 1. The ODG TWC 2012 Low Back chapter generally recommends postop PT in this type of case. However, according to the appeal letter from the requesting provider regarding CPMP request, EE has already under gone postop PT. 2. The requesting provider himself said "it is unclear… how participant in physical therapy, nearly two years after the procedure, is indicated at this time. It is quite clear from evidence-based medicine guidelines and the ODG, that the time frame for benefit from general physical therapy has surpassed…," PT services being provider by a practitioner who views the appropriateness of PT in this case as being completely inappropriate cannot be supported. 3. The requesting provider already has open a request for CPMP that is under review. Therefore PT cannot be supported. Request from Dr. for CPMP was recommended for non-certification upon MDR on 1/19/12. Dr. requested an appeal of that determination. In his appeal letter, Dr. stated that EE did, in fact, receive postop PT. In addition, Dr. stated, "Additionally, it is unclear from the peer's rationale how participation in physical therapy, nearly two years after the procedure, is indicated at this time. It is quite clear from evidence-based medicine guidelines and ODG that the time frame for benefit from general physical therapy has surpassed…" The non- certification determination is upheld. It is reported that the CPMP request is currently under IRO review. Despite this, and despite the comments from Dr. regarding the inappropriate of PT in this case, Dr. is recommending 12 sessions of PT. With his request, Dr. states that the requested PT "is reasonable, customary and medically necessary" and that EE "has not received any postop therapy of any kind".

05-04-12: Physician Progress Note at xxxxxx. Doctor noted response is regards to PT denial in which the timeframes are questionable, and to the fact of the matter that the patient has not had any postop rehabilitation and has observed functional deficits that could respond to part in PT and/or light tertiary denial, which I do feel CPM would be ideal. Requesting appeal for PT for increase of patient's function/ROM/STR.

05-18-12: UR performed by DC. Reason for denial: The claimant is more

than two years removed from the date of lumbar decompressive surgery and has already completed an appropriate course of postoperative physical therapy. There is no objective and measurable evidence in the submitted records for review that the patient had significant functional gain from the previous therapy sessions that were rendered in order to justify another round of sessions. The current request for 12 sessions of physical therapy to the lumbar spine is not established as medically necessary according to evidence-based guidelines. ODG has no provision for repeat outpatient rehabilitation for the same condition. Additionally, at this juncture the claimant should have graduated to self-directed home exercise program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
After reviewing the medical records, my decision is to deny the request for 12 PT to Lumbar Spine and uphold/agree upon the previous decision. According to the documentation the claimant is now over 2 years postop. Per the ODG Low Back Chapter, the time frame for basic postop physical therapy has been well exceeded. Therefore, the request for 12 sessions of physical therapy (lumbar) is denied.

Per ODG:

Physical therapy	

(PT)	*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 **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

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)**