

# Icon Medical Solutions, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** March 21, 2012

**IRO CASE #:**

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

Physical Therapy 3 visits per week for 6 weeks (97001, 97032, G0283, 97530, 97110, 97112, 97140, 97535, 97150).

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

This physician is Board Certified by American Board of Physical Medicine and Rehabilitation with over 18 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:**

01/12/12: Physician orders for Physical Therapy 3 times per week for 6 weeks ordered by

01/19/12: Initial Plan of Care – Physical Therapy reviewed by

01/20/12: Request for preauthorization from for Physical Therapy 3 times per week for 6 weeks

01/25/12: UR performed by

02/09/12: Request for reconsideration from

02/17/12: UR performed by

03/06/12: Request for IRO from

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This female was injured on xx/xx/xx.

01/13/12: An order was written by for the claimant to undergo physical therapy 3 times per week for 6 weeks to include evaluation and treatment, therapeutic exercises, ROM, heat cold modalities, ultrasound, and electrical stimulation.

01/19/12: The claimant was evaluated by. She was noted to have lumbosacral pain with radiation into the right lower extremity down to the foot, decreased trunk range of motion and strength, and decreased bilateral lower extremity strength as well as positive right straight leg raise maneuver. The claimant complained of numbness in the lateral aspect of the right lower extremity that comes and goes including the right foot. On physical exam, the claimant had decreased sensation in the L1, L2, L3, L5, S1, and S2 dermatomal patterns. It was noted that she avoided trunk rotation and flexion secondary to pain. It was recommended that she undergo physical therapy for 3 times per weeks for 6 weeks for a total of 18 visits to include the following modalities: Heat, electrical stimulation attended, electrical stimulation unattended, therapeutic activity, therapeutic exercise, neuromuscular re-education for posture, manual therapy, progressive home program, patient training, and self home management.

1/25/12: UR performed by. Rationale for Denial: The patient, who reported an injury on 03/10/2010, has complaints of low back pain that radiates to the right lower extremities to the foot. The patient has decreased trunk range of motion and strength and decreased bilateral lower extremity strength. Evidence based guidelines do recommend 10 to 12 visits over 8 weeks for thoracic/lumbosacral neuritis/radiculitis unspecified. Evidence based guidelines recommend active modalities versus passive modalities. The request is asking for 3 visits per week for 6 weeks with passive modalities 97032, which is electrical stimulation/manual, G0283, which is electrical stimulation unattended; therefore, the request for physical therapy 3 visits per week for 6 weeks exceeds recommended guidelines and is non-certified.

02/17/12: UR performed by. Rationale for Denial: The request to appeal physical therapy 3 visits per week for 6 weeks is non-certified. The patient presented with low back pain that radiated into the right lower extremity and to the foot. Official Disability Guidelines state that 10 to 12 visits over 8 weeks is warranted for thoracic/lumbosacral neuritis/radiculitis. The request for 18 physical therapy sessions exceeds Official Disability Guidelines. In addition, there should be no more than 4 modalities in total per visit, allowing the physical therapy visit to focus on those treatments where there is evidence of functional improvement. The request for 8 modalities exceeds guideline recommendations. Furthermore, Official Disability Guidelines recommend active versus passive treatment, and the current request includes modalities for ultrasound and electrical stimulation. Therefore, the request is non-certified.

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

The prior adverse decisions are upheld. As per ODG, "There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain". Additionally, for sciatica and thoracic/lumbosacral neuritis/radiculitis, recommendation is 10 to 12 visits over 8 weeks. The requested PT exceeds this amount, therefore based on ODG guidelines is non-certified.

ODG:

Physical therapy (PT)

Recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. See also [Exercise](#). Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. ([Hayden, 2005](#)) Studies also suggest benefit from early use of aggressive physical therapy ("sports medicine model"), training in exercises for home use, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support. ([Zigenfus, 2000](#)) ([Linz, 2002](#)) ([Cherkin-NEJM, 1998](#)) ([Rainville, 2002](#)) Successful outcomes depend on a functional restoration program, including intensive physical training, versus extensive use of passive modalities. ([Mannion, 2001](#)) ([Jousset, 2004](#)) ([Rainville, 2004](#)) ([Airaksinen, 2006](#)) One clinical trial found both effective, but chiropractic was slightly more favorable for acute back pain and physical therapy for chronic cases. ([Skargren, 1998](#)) A spinal stabilization program is more effective than standard physical therapy sessions, in which no exercises are prescribed. With regard to manual therapy, this approach may be the most common physical therapy modality for chronic low back disorder, and it may be appropriate as a pain reducing modality, but it should not be used as an isolated modality because it does not concomitantly reduce disability, handicap, or improve quality of life. ([Goldby-Spine, 2006](#)) Better symptom relief is achieved with directional preference exercise. ([Long, 2004](#)) As compared with no therapy, physical therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective. Because of the limited benefits of physical therapy relative to "sham" therapy (massage), it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed. ([Erdogmus, 2007](#)) In this RCT, exercise and stretching, regardless of whether it is achieved via yoga classes or conventional PT supervision, helps improve low back pain. ([Sherman, 2011](#)) See also specific physical therapy modalities, as well as [Exercise](#); [Work conditioning](#); [Lumbar extension exercise equipment](#); [McKenzie method](#); [Stretching](#); & [Aquatic therapy](#).

[Physical therapy is the treatment of a disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, activities of daily living and alleviating pain. ([BlueCross BlueShield, 2005](#)) As for visits with any medical provider, physical therapy treatment does not preclude an employee from being at work when not visiting the medical provider, although time off may be required for the visit.]

***Active Treatment versus Passive Modalities:*** The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with acute low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. ([Fritz, 2007](#)) The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530). A recent RCT comparing active spinal stabilization exercises (using the GDS or Godelive Denys-Struyf method) with passive electrotherapy using TENS plus microwave treatment (considered conventional physical therapy in Spanish primary care), concluded that treatment of nonspecific LBP using the GDS method provides greater improvements in the midterm (6 months) in terms of pain, functional ability, and quality of life. ([Arribas, 2009](#)) In this RCT, two active interventions, multidisciplinary rehab (intensive, biopsychosocial PT) and exercise (exercises targeted at trunk muscles together with stretching and relaxation), reduced the probability of sickness absence, and were more effective for pain than self-care advice at 12 months. ([Rantonen, 2012](#))

***Patient Selection Criteria:*** Multiple studies have shown that patients with a high level of fear-avoidance do much better in a supervised physical therapy exercise program, and patients with low fear-avoidance do better following a self-directed exercise program. When using the Fear-Avoidance Beliefs Questionnaire ([FABQ](#)), scores greater than 34 predicted success with PT supervised care. ([Fritz, 2001](#)) ([Fritz, 2002](#)) ([George, 2003](#)) ([Klaber, 2004](#)) ([Riipinen, 2005](#)) ([Hicks, 2005](#)) Without proper patient selection, routine physical therapy may be no more effective than one session of assessment and advice from a physical therapist. ([Frost, 2004](#)) Patients exhibiting the centralization phenomenon during lumbar range of motion testing should be treated with the specific exercises (flexion or extension) that promote centralization of symptoms. When findings from the patient's history or physical examination are associated with clinical instability, they should be treated with a trunk strengthening and stabilization exercise program. ([Fritz-Spine, 2003](#)) Practitioners must be cautious when implementing the wait-and-see approach for LBP, and once medical clearance has been obtained, patients should be advised to keep as active as possible. Patients presenting with high fear avoidance characteristics should have these concerns addressed aggressively to prevent long-term disability, and they should be encouraged to promote the resumption of physical activity. ([Hanney, 2009](#))

***Post Epidural Steroid Injections:*** ESIs are currently recommended as a possible option for short-term treatment of radicular pain (sciatica), defined as pain in

dermatomal distribution with corroborative findings of radiculopathy. The general goal of physical therapy during the acute/subacute phase of injury is to decrease guarding, maintain motion, and decrease pain and inflammation. Progression of rehabilitation to a more advanced program of stabilization occurs in the maintenance phase once pain is controlled. There is little evidence-based research that addresses the use of physical therapy post ESIs, but it appears that most randomized controlled trials have utilized an ongoing, home directed program post injection. Based on current literature, the only need for further physical therapy treatment post ESI would be to emphasize the home exercise program, and this requirement would generally be included in the currently suggested maximum visits for the underlying condition, or at least not require more than 2 additional visits to reinforce the home exercise program. ESIs have been found to have limited effectiveness for treatment of chronic pain. The claimant should continue to follow a home exercise program post injection. ([Luijsterburg, 2007](#)) ([Luijsterburg2, 2007](#)) ([Price, 2005](#)) ([Vad, 2002](#)) ([Smeal, 2004](#))

*Post-surgical (discectomy) rehab:* A recent Cochrane review concluded that exercise programs starting 4-6 weeks post-surgery seem to lead to a faster decrease in pain and disability than no treatment; high intensity exercise programs seem to lead to a faster decrease in pain and disability than low intensity programs; home exercises are as good as supervised exercises; and active programs do not increase the re-operation rate. Although it is not harmful to return to activity after lumbar disc surgery, it is still unclear what exact components should be included in rehabilitation programs. High intensity programs seem to be more effective but they could also be more expensive. Another question is whether all patients should be treated post-surgery or is a minimal intervention with the message return to an active lifestyle sufficient, with only patients that still have symptoms 4 to 6 weeks post-surgery requiring rehabilitation programs. ([Ostelo, 2009](#)) There is inconclusive evidence for the effectiveness of outpatient physical therapy after first lumbar discectomy. Although evidence from two trials suggested that intervention might reduce disability short-term, and more intensive intervention may be more beneficial than less intensive therapy, pooled results did not show statistically significant benefit. ([Rushton, 2011](#))

#### *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)**