

# AccuReview

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## Notice of Independent Review Decision

**DATE OF REVIEW:** May 12, 2012

**IRO CASE #:**

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

Physical Therapy 3xWk x 4Wks Lumbar/ 97124 97110 97140

### 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:

02-09-12: Request for Further Treatment by, DO with Chiropractic Clinic  
02-13-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
02-14-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
02-23-12: Evaluation and Progress Note by MD with Medicine and Rehab PC

02-24-12: Evaluation and Progress Note by, MD with Medicine and Rehab PC  
02-27-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
02-29-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-02-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-05-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-06-12: UR preformed by MD regarding Sacroiliac Injection Under Ultrasound Guidance  
03-07-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-09-12: UR preformed by MD regarding Urgent CT Scan Lumbosacral Spine.  
03-12-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-14-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-16-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-19-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-20-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-26-12: Evaluation and Progress Note by MD with Medicine and Rehab PC  
03-27-12: Physical Therapy Progress Note from MD with Medicine and Rehab PC  
03-30-12: UR performed by DO  
04-06-12: Letter of Clarification by for MD with Medicine and Rehab  
04-13-12: UR performed by MD

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The Claimant is a male who was initially injured on xx/xx/xx. He was at the time working for a company as an and inspecting some parts in the rain and slipped falling onto his back. On xx/xx/xx the claimant underwent surgery to his back for bilateral decompression laminectomy and fusion at L3-4 and L4-5 at Hospital. According to the claimant, physical activity increases the pain and discomfort such as walking. The Claimant now claims that he gets numbness and tingling in both upper and lower extremities at times, on and off. He also notes that there is also some bilateral hip pain but more to the right, which is accompanied by weakness.

02-09-12: Referral letter to MD from DO. Dr. is asking Dr to assume care of the claimant as he has tried multiple levels of care with no success in treating the claimant.

02-13-12: The claimant was evaluated by MD. The claimant presented with lower back pain rated 5/10 that increased to 8/10 with physical activity such as walking. The claimant stated that he had numbness and tingling in both upper and lower extremities at times – on and off. Also the claimant stated that he had bilateral hip pain, but more to his right at 8/10, bilateral leg pain 10/10 along with weakness. Upon physical examination noted the claimant had moderate to severe weakness in the right leg. The weakness was in the right hip flexors and knee extensors. He also had some weakness in the hamstrings. There was mild atrophy noted on the right side as compared to the left side. The deep tender flexors were mildly decreased on the right knee. Sensory exam resulted with normal bilateral lower extremity reflexes that decreased in the right knee. Gait was noted to be antalgic ataxic. Assessments: 1. Thoracic or lumbosacral neuritis, unspecified. 2. Pain in joint, multiple sites. 3. Muscular wasting and disuse

atrophy, not elsewhere classified, muscle atrophy. 4. Abnormality of gait. Dr. also stated that the claimant had mild to moderate sacroilitis and appeared to have ongoing radiculopathy. Dr recommended an EMG and nerve conduction study to rule out radiculopathy, would like to have an MRI, however due to the patient having a pacemaker he could not undergo this study, CAT scan of lumbosacral spine, x-rays of the lumbar spine flexion and extension including oblique views, spine exercises, Pilates exercises, strengthening exercise. Physical therapy 3 times a week for 4 weeks and follow up in 4 weeks.

02-14-12: Progress note dictated by MD on the first session of physical therapy to start the rehabilitative phase of care. The claimant received modalities, heating packs and exercises to the affected area(s) as well as revising a suitable home exercise program to assist with functional limitations noting difficulty with ADL's and self care but independently requiring no assistive devices at that time.

03-05-12: Physical therapy progress note dictated by MD stated the Claimant was able to complete both exercises to the neck, shoulder and low back region. The Claimant demonstrated improved posture awareness and technique during exercises. He continued to be limited by pain and tenderness of the affected region, however able to complete exercises with minimal vcs.

03-06-12: UR performed by MD. who stated that the requested Sacroiliac Injection would be considered only if followed by aggressive conservative therapy which failed at least 4-6 weeks.

03-14-12: Physical therapy progress note dictated by MD stated the Claimant continued to have limited ROM in c/s affecting proper posture and mobility of B UEs. The Claimant also had mild relief with LE stretches and was able to progress with UE strength and C/S exercises to improve posture awareness. Would continue with current POC to address C/S and L/S deficits.

03-20-12: Physical therapy progress note dictated by MD stated no significant changes. Continued to present with increase tightness along c/s region limiting ROM in all planes especially with L ROT. Would continue to progress with all exercises in increase ROM and strength to improve functional ROM.

03-26-12: The Claimant was evaluated by, MD for continuation of pain, numbness and tingling to low back radiating down both legs rated 9/10. The Claimant reported some relief with the physical therapy. On physical examination there was SI joint tenderness CVA tenderness paraspinal spasm mild. Straight leg raising was negative bilaterally. There was moderate to severe weakness noted in the right leg with weakness in the right hip flexors and knee extensors. There was also some weakness in the hamstrings. There was mild atrophy noted on the right side as compared to the left side. Deep tendon reflexes were mildly decreased on the right knee. The sensory exam was normal in the bilateral lower extremities. His gait was antalgic ataxic. FABERS Test was positive on the left more than the right. The Fourth finger test was

positive and the pain was reproduced by pushing on posterior superior iliac spine. The pelvic compression test and the sacral thrust test were positive. The Gaenslens test was also positive. Assessment: 1. Thoracic or lumbosacral neuritis or radiculitis, unspecified. 2. Pain in joint, multiple sites. 3. Muscular wasting and disuse atrophy, not elsewhere classified, muscle atrophy. 4. Abnormality gait. 5. Sacroilitis, not elsewhere classified. Dr. stated that the patient had multilevel spinal decompression and fusion in 1990s, and has mild to moderate atrophy noted in the right lower extremity. Clinically the Claimant appeared to be having mild to moderate sacroiliac joint pain. Dr. Raguthu felt the Claimant would benefit from injection of the sacroiliac joints. He also still had ongoing pain radiating down to the legs along with weakness consistent with radiculopathy that needed to be evaluated with EMG and nerve conductions. Dr. stated that they would continue physical therapy because the Claimant was responding marginally. Dr. also stated that the Claimant needed to be treated for fair back syndrome and that he might be candidate for pain management for possible epidural steroids under fluoroscopic guidance R. ultrasound guidance. Follow up with physical therapy 3 times a week for 4 weeks and follow up in 4 weeks was recommended.

03-27-12: Physical therapy progress note dictated by MD indicated no changes. It was stated that the Claimant would benefit from a continued outpatient, rehabilitative phase of care at this time. He would receive modalities, heating packs and therapeutic exercise to the affected area(s) as well as revising and modify home exercise program as needed.

03-30-12: UR performed by DO. Reason for Denial: The patient was previously authorized with 12 physical therapy visits for the lumbar spine. The total number of attended physical therapy visits was not stated. This is a request for 12 additional physical therapy visits for the lumbar spine. The number of completed physical therapy visits was not stated to qualify the number of physical therapy visits requested. The number of requested physical therapy visits on top of the previously rendered service is in excess of the recommended service as per referenced guideline. There are no exceptional factors seen in the records that would necessitate an excess of physical therapy sessions as per referenced guideline. Updated short-term and long-term goals for the proposed treatment were not mentioned. Thus, the medical necessity of this request cannot be validated at this time.

04-06-12: wrote a Letter of Clarification to recommending treatment in response to the Claimant's ongoing symptoms. It was stated in the letter that the patient had been experiencing dull aching pain across lumbar spine that was aggravated by activities of daily living for example: self care, heavy lifting, and prolong standing and walking; pain scale 5/10. It further stated that the Claimant complained of frequent numbness and tingling sensation to lower back, radiating to bilateral legs, along with moderate atrophy noted in right lower extremity. Dr. was requesting physical therapy 3 times a week for 4 weeks.

04-13-12: UR performed by MD. Reason for Denial: There is now documentation, as per 03/27/12, that short-term and long-term goals were stated. Per 04/06/12 medical

report, the recommended treatment was in response to ongoing symptoms patient has been experiencing of dull aching pain across the lumbar spine and prolonged standing and walking. The patient complains of frequent numbness and tingling sensation to lower back, radiating to bilateral legs, along with moderate atrophy noted in right lower extremity. However, there remains documentation that the request is still in excess as per recommendation of reference guidelines. In addition, there remains no documentation of the number of sessions completed to date. Furthermore, there remains no documentation of exceptional factors that would substantiate the request. Lastly, there is no documentation of objective improvement with previous physical therapy sessions completed. Therefore, the medical necessity of the request is not substantiated.

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

Denial of 12 Physical Therapy sessions is upheld (agreed upon). ODG Low Back Chapter recommends 10-12 PT visits over 8 weeks for Lumbar Radiculitis/SI Sprain/Lumbar Sprain. There is no documentation of previous number of visits of PT and no documentation of progress with past PT. Therefore, there is lack of information and request exceeds ODG recommended time frame, particularly regarding chronicity of 1992 injury.

Per ODG:

#### **Physical Therapy**

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, bio-psychosocial 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](#)) ([Riiipinen, 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)