

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

Date notice sent to all parties:

September 21, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

18 Physical Therapy Visits for the lumbar spine with evaluation and re-evaluation after. This is an appeal to review 129775.

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

Board Certified PM&R; Board Certified Pain Medicine

REVIEW OUTCOME:

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

X Partially Overturned (Agree in part/Disagree in part)

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

9 Physical Therapy Visits for the lumbar spine with evaluation and re-evaluation after completion would be appropriate

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Utilization review determination dated 09/05/12
2. MRI lumbar spine dated 06/03/02
3. Radiographic report lumbar spine dated 11/14/01
4. Letter of medical necessity dated 07/28/05
5. Letter of medical necessity dated 09/06/05
6. Radiographic report 01/13/06
7. MRI lumbar spine dated 01/27/06
8. Letter dated 08/24/06
9. Clinical records dated 08/29/07

10. Clinic note 04/20/08-02/23/11
11. Peer review dated 07/20/10
12. Letter of dispute regarding notice of independent review decision 07/19/12
13. Utilization review determination dated 08/08/12
14. Physical therapy referral sheet
15. Clinic note 06/25/12
16. Clinical record dated 07/18/12
17. Work restrictions dated 08/01/12
18. EMG/NCV study dated 04/12/12

Of note, this case was submitted as being life threatening. This is clearly an inappropriate classification for this request. The performance or lack of performance of physical therapy does not constitute life threatening treatment.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who is reported to have sustained work related injuries in xxxx. The mechanism of injury is not described. The record indicates the injured employee underwent lumbar surgery and has failed back surgery syndrome. The first available clinical record is MRI of lumbar spine dated 06/03/02. This study notes disc space narrowing at L5-S1 with 6-7 mm posterocentral right paracentral subligamentous herniation extending 8 mm superiorly that mildly indents the thecal sac, deviates and compresses the right S1 nerve root sleeve with moderate bilateral foraminal narrowing. The record contains letter from dated 07/28/05. He notes the injured employee has failed back surgery syndrome and has periodic flare ups. He subsequently was referred for physical therapy.

On 11/13/06 the injured employee underwent plain radiographs of lumbar spine which notes degenerative disc disease at L5-S1 with significant narrowing. There is reported loss of lordosis. These imaging studies were interpreted. MRI of lumbar spine was performed with and without contrast on 01/27/06. This study notes multilevel degenerative changes. At L4-5 there is evidence of facet joint arthropathy and ligamentum flavum hypertrophy with small focal central bulge of disc posteriorly. These changes result in very minimal narrowing in superior aspect of each lateral recess. Significant impingement is not demonstrated. At L5-S1 the neural foramina are patent. There are changes suggesting prior right laminotomy. In addition there is anterior epidural scar surrounding small non-enhancing focus which may represent a minimal amount of persistent recurrent disc.

Records indicate the injured employee continued under the care of receiving symptomatic treatment. The injured employee's care was subsequently transferred to. It is reported that the injured employee is being managed on oral medications. He further notes that the injured employee is a candidate for interventional procedures.

On 02/23/10 the injured employee was seen in follow up. He presents with complaints of

right arm pain and right hand pain. He is noted to have had improvement with injections and there is a discussion regarding spinal cord stimulation. He reports that after his injections his pain score went from a 6 to a 2. His activity levels have been unchanged but his quality of life is markedly improved. Medications at this time include Lyrica 100mg, hydrocodone, ibuprofen 7.5/200, and baclofen 10mg. On examination the injured employee is noted to have decreased muscle strength in the right lower extremity diffuse and diffuse paraspinal tenderness. He was to be seen in follow up.

The record contains a peer review performed on 07/20/10. The reviewer makes recommendations regarding the injured employee's medication profile.

Records indicate the injured employee's treatment has consisted of oral medications and interventional techniques. The record contains a letter of disagreement dated 07/19/12 regarding a prior IRO case number xxxxx. The substance of this letter is that the injured employee disagrees with whatever the final determination was.

The record contains a utilization review determination dated 08/08/12. The reviewer notes that the injured employee was injured on 04/02/02 and underwent an L5-S1 laminectomy the same year. The reviewer notes that the patient presented with chronic low back pain radiating into the right lower extremity. Physical examination revealed reduced lumbar range of motion, decreased sensation of the right L4-5 and S1 dermatomes, intact muscle strength, and positive straight leg raise on the right. It is reported that the patient has not had any physical therapy since surgery. It is noted that the reference guidelines recommended an initial six visit trial followed by a reevaluation prior to determining need for additional visits. The reviewer notes that the request of 18 physical therapy visits exceeds the guideline recommendations. The reviewer notes that exceptional factors that may justify the need for excessive visits were not noted. The reviewer notes that there are no short or long term goals identified and goals to determine an end point of care were not documented. The record includes a consultation note from dated 07/18/12. notes that EMG/NCV studies performed on 04/12/12 revealed no electrodiagnostic evidence to indicate lumbosacral radiculopathy but was positive for a sciatic neuropathy. It's reported that he performs home exercises for his back daily up to 20 minutes at a time. The records suggest that he is working full time. On physical examination there is objective evidence of a right lower extremity radiculopathy. opines that the candidate's or that the injured employee is a good candidate for physical therapy. He further modified the injured employee's medication regimen. The injured employee was allowed to return to work.

The record includes EMG/NCV study dated 04/12/12.

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

The request for 18 physical therapy visits for lumbar spine with evaluation and reevaluation between 08/29/12 and 10/28/12 is partially overturned. The submitted clinical records indicate the injured employee has a longstanding history of low back

pain secondary to a work place event. The injured employee underwent a right sided L5-S1 laminectomy and subsequently developed a failed back surgery syndrome. The injured employee has been managed conservatively with oral medications and interventional procedures and periodically suffers exacerbations of low back pain. Sequela of failed back surgery syndrome is often periods of deconditioning which would benefit from physical therapy. The request for 18 session of physical therapy is clearly excessive and exceeds ODG recommendations. Based on the clinical information provided, it is opined the injured employee would benefit from 9 sessions of physical therapy with initial physical therapy evaluation for appropriate treatment plan and subsequent reevaluation at completion of 9 sessions.

IRO REVIEWER REPORT TEMPLATE -WC

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

- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

The 2012 Official Disability Guidelines, 17th edition, The Work Loss Data Institute. Online edition.

Low Back Chapter:

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