

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/13/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 sessions of supervised rehab with 6 units per session

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

M.D., Board Certified Pain Medicine

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity does not exist for 12 sessions of supervised rehab with 6 units per session.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 08/06/12, 07/17/12

Reconsideration for physical therapy dated 07/30/12

Active rehabilitation log dated 04/09/12, 04/10/12, 04/11/12, 04/13/12, 04/17/12, 05/01/12, 05/02/12, 05/03/12, 05/08/12

Employer's first report of injury or illness dated xx/xx/xx

Associate statement dated 02/19/12

Initial evaluation dated 03/27/12

Office visit note dated 03/28/12, 04/03/12, 04/09/12, 04/10/12, 04/11/12, 04/13/12, 04/16/12, 04/17/12, 04/20/12, 05/01/12, 05/02/12, 05/03/12, 05/08/12, 05/11/12, 05/29/12, 06/06/12, 06/12/12, 06/21/12, 06/28/12, 07/11/12, 07/17/12, 08/01/12, 08/16/12

Peer review dated 08/09/12

Laboratory report dated 06/21/12

Functional capacity evaluation dated 05/17/12

MRI lumbar spine dated 05/21/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. He was mounting a tire on a vehicle when he felt a sharp, pulling cramp in his lower back. The patient was diagnosed with a lumbar strain. Functional capacity evaluation dated 05/17/12 indicates that required PDL is heavy and current PDL is sedentary. MRI of the lumbar spine dated 05/21/12 revealed L3-4 flattening of the thecal sac with mild bilateral foraminal narrowing. At L5-S1 there is moderate disc space narrowing with an annular disc bulge flattening the thecal sac; facet joint arthrosis is seen with moderate bilateral foraminal narrowing. The patient completed 10 sessions of physical therapy. Physical examination on 07/17/12 indicates that straight leg raising elicits pain on lower thoracic and lumbar spine bilaterally. Range of motion is proper

in upper and lower limbs. Peer review dated 08/09/12 indicates that findings noted on the MRI study are degenerative in nature, consistent with his age and pre-existed the injury event at issue. There is insufficient evidence to suggest a structural injury to the spine occurred resulting from the injury event at issue. Peer review states he likely sustained a self-limiting soft tissue injury to the lumbar spine, which was superimposed on significant pre-existing degenerative changes. Typically, these soft tissue injuries resolve within 60-90 days without residual or impairment.

Initial request for 12 sessions of supervised rehab was non-certified on 07/17/12 noting that the patient has been performing a home exercise program but it has not been helpful. The patient has been afforded a reasonable course of rehabilitative therapy and he should be well-versed in a home exercise program. There is inadequate reason for additional monitored therapy in excess of ODG recommendations given the poor response to the prior treatment.

A reconsideration request for physical therapy dated 07/30/12 indicates that physical therapy is necessary in order to correct deficiencies in his body mechanics as demonstrated by physical examination on 07/11/12 and functional capacity evaluation performed on 05/17/12.

The denial was upheld on appeal dated 08/06/12 noting that the patient did complete the ODG recommended maximum number of supervised rehab sessions much more proximal to the occupational injury claim date with this same DC provider in April and May 2012. The supervised rehab and the independent home exercise program have been ineffective in resolving the patient's ongoing low back pain complaints and the stated inability to RTW. Thus, there is no logical medical reason to repeat rehab care that has previously been performed and has led to no documented lasting improvement.

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

The patient has completed 10 sessions of supervised rehab to date for diagnosis of lumbar strain. The Official Disability Guidelines support up to 10 visits for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The submitted records fail to document significant improvement with rehab completed to date in order to establish efficacy of treatment and support additional sessions. The reviewer finds medical necessity does not exist for 12 sessions of supervised rehab with 6 units per session.

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

- ACOEM-AMERICA 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)