

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: November 11, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 3x6, lumbar spine

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

This physician is Board Certified in Occupational Medicine with over 14 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 medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

08/15/13: Designated Doctor Examination
09/27/13: Initial Evaluation by MPT
10/02/13: UR performed
10/11/13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx. She strained her back. She was initially treated with Toradol and physical therapy. She initiated physical therapy on 12/31/12 and had additional visits on 1/04/13, 1/07/13, 1/11/13, 1/15/13, 1/16/13, 1/21/13, 1/23/13, 1/25/13, 2/3/13, and 2/4/13, plus 4 other physical therapy visits in March, dates illegible. MRI of the lumbar spine was performed on 1/26/13 and according to the records showed minimal degenerative changes of L3/4 and L4/5 disc without evidence of nerve root impingement; large lesion of the L1 vertebral body consistent with a probable benign hemangioma.

She was diagnosed with Left sided sacroiliac dysfunction and left-sided iliofemoral myofascial strain.

On September 27, 2013, the claimant was evaluated who reported the claimant had been seen for physical therapy at Action Potential but was discharged on April 1, 2013. The claimant had reported the back was significantly better at the time of discharge, but the pain was not gone. It was noted a MRI was performed in February showing no disk issues and x-rays appeared within normal limits as well. The claimant returned to work as soon as the negative MRI came back. She reported the repeated lifting, pushing, pulling, and twisting at work has increased her symptoms. The pain has gotten progressively worse and disturbs her sleep. She has pain at rest that increases with activity. It was also reported the claimant had been approved through Worker's Comp to also see a chiropractor, therefore, minimal to no manipulations would be done during physical therapy due to the fact that they would be done at the chiropractor. Treatment goals of 18 visits were provided. Plan: Physical therapy approximately 2 to 3 times a week for 6 weeks.

On October 2, 2013, performed a UR. Rationale for Denial: The claimant had 21 prior sessions of physical therapy and eight Chiropractic sessions. She should be progressed to an independent home exercise program focusing on stretching/strengthening and use of hot/cold packs for pain/spasms. The request for 18 sessions is too long for a home exercise program. There is no indication of a complication to recovery, co-morbidity, or extenuating clinical circumstance that would support continued physical therapy beyond the possibly exceeded guidelines. Additionally, there appeared to be no findings of progressive deficits that would support need for further physical therapy. Continued therapy should be based upon quantifiable and progressive functional improvement objectively. Therefore, the request for physical therapy is not medically necessary.

On October 11, 2013, performed a UR. Rationale for Denial: The claimant has had prior treatment seemingly well in excess of that suggested by both the ODG chronic pain chapter, which endorses a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, and that suggested by the low back chapter, which also endorses a 9 to 10 session course of treatment for nonspecific low back pain. The claimant has seemingly reached a plateau with prior treatment. While she has returned to regular duty work, there is no evidence of ongoing functional improvement in terms of diminished reliance on medical treatment so as to justify additional physical therapy here. The claimant is seemingly reliant on numerous forms of medications, including muscle relaxants and chiropractic treatment. No clear goals for further physical therapy have been outlined following the claimant's successful return to regular work. Therefore, the request for PT 3x6 to lumbar spine is not medically necessary.

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

The previous adverse determinations are upheld. The ODG requires ongoing objective functional improvement in order to continue a method of treatment, which has not been observed in this case. Therefore continuation of the same treatment which has not produced successful outcome to date, is not medically necessary. The request for PT 3x6, lumbar spine is denied.

PER ODG:

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)**