



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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Notice of Independent Review Decision

**DATE OF REVIEW: 4/09/2013**

**IRO CASE #**

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

Continued Physical Therapy 3 x week x 2 weeks.

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

M.D. Board Certified in Physical and Rehabilitation Medicine / Pain Management.

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	3/20/2013
Utilization Review Determination	2/06/2013-2/21/2013
Utilization Review Referral Clinical Notes	1/18/2013
M.D. Progress Note	
Encounter Review- WC Consultation Reports	10/24/2012-1/16/2013



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Imaging Radiology Report	12/20/2012
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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who had an injury on xx/xx/xx. She works at xx and was lifting a student and experienced low back pain. She is diagnosed with a lumbar strain. MRI shows disc bulging at L4-L5 and L5-S1. There are no acute findings. She is 64 inches tall and 275 pounds and is morbidly obese. She had 10 sessions of PT for her low back pain and was shown a home exercise program. She was without pain over the holidays and the pain returned when she returned to her job. Additional PT is requested.

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

Per ODG references, the requested continued physical therapy 3 x week x 2 weeks are not medically necessary. The ODG recommends 10 visits over 8 weeks for a lumbar sprain. Therefore the requested continued physical therapy would exceed the treatment guidelines. The ODG guidelines indicate that the treatment should gradually decrease as the patient performs an active self-directed home Physical Therapy program. The ODG also indicates that return to work and to normal activities has the best long term outcome for the worker. Physical therapy should also document functional progress. Without this documentation, additional physical therapy cannot be approved. The ODG recommends home exercises. Following physical therapy, the patient should transition to a home exercise program and resume normal daily activities. Additionally, due to the patient’s morbid obesity, she is likely to have the chronic back pain refractory to further therapy.

**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 KNOWLEDGE BASE
- AHCP- 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)



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- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES