

# True Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**IRO CASE #:**

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

18 visits of physical therapy / NCV to lower extremity

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

PM&R

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.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx year old male who reported an injury regarding his low back. The functional capacity evaluation dated xxxxx indicated that the patient was able to perform at a light physical demand level, whereas his occupation required a medium physical demand level. The patient rated his low back pain as 5-6/10.

Per clinical note dated 01/15/13, the patient complained of low back pain. Pain was also elicited with movements throughout the lumbar spine. Stiffness was further noted in the thoracic and lumbar regions. Hyperesthesia was noted in the hamstring muscles as well as the muscles in the posterior portion of the left lower extremity. Numbness was also noted in the lower portion of the left lower extremity. The patient demonstrated decreased range of motion throughout the lumbar spine. The patient demonstrated 4+/5 strength at the left knee.

Diminished sensation was noted in the L2, L3, and L4 distributions on the left. Reflexes were noted to be diminished on the left at the patella and Achilles. The note details the patient having previously undergone a fusion at the L4-S1 levels. The patient was recommended for 18 physical therapy sessions at that time.

Per clinical note dated 01/24/13, the patient continued with low back pain and associated strength deficits and diminished sensation, specifically on the left. The note details the patient being recommended for a nerve conduction study for his ongoing complaints of left lower extremity pain. The patient continued to be recommended for 18 physical therapy sessions.

The previous utilization review dated 01/17/13 resulted in a denial for 18 physical therapy sessions and an NCV study of the lower extremity as the patient was under the care of an additional surgeon where he was receiving physical therapy. Additionally, no evidence was submitted regarding the patient's progressive neurologic dysfunction.

The previous utilization review dated 01/31/13 also resulted in a denial for 18 physical therapy sessions and an NCV study of the lower extremity as no evidence of neurologic deterioration was noted in the lower extremities. Additionally, the request for 18 physical therapy sessions was noted to be excessive as no evidence of the patient's objective functional improvements was noted from the previous physical therapy.

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

The documentation submitted for review elaborates the patient complaining of ongoing low back pain despite a surgical intervention. The Official Disability Guidelines recommend a course of postoperative physical therapy in order to return the patient to full functional status. The clinical notes detail the patient having previously undergone a full course of physical therapy; however, no information was submitted regarding the patient's objective functional improvements upon completion. As no information was submitted regarding the patient's objective functional improvements in the low back following a full course of physical therapy, this request does not meet guideline recommendations. Additionally, it would be reasonable to expect the patient to progress to a home exercise program upon completion of a full course of physical therapy.

The Official Disability Guidelines do not specifically recommend NCV studies of the lower extremities as there is minimal justification for performing these studies when the patient is presumed to have symptoms on the basis of radiculopathy. The patient is noted to have sensation and strength deficits in the lower extremities. Given the radiculopathy component noted in the lower extremities, this request does not meet guideline recommendations. As such, it is the opinion of the reviewer that the request for 18 physical therapy sessions and an NCV of the lower extremities is not recommended as medically necessary.

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

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

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