Claims Eval

Notice of Independent Review Decision

February 4, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 x Wk x 4 Wks Lumbar/Left Hip 97110, 97112, 97530, 97140

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

American Board of Orthopaedic Surgery

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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

Physical Therapy on 2-6-12.

3-21-12 MRI of the lumbar spine performed, showed multilevel canal and foraminal stenosis. Canal stenosis is most severe at L1-2, L3-4, and L4-5, with mild canal

stenosis at L5-S1 and mild to moderate canal stenosis at L2-3. Severe foraminal encroachment is noted, primarily at L4-5 and L5-S1 bilaterally, greater on the right. Moderate foraminal encroachment is seen on the left at L3-4. No vertebral body compression fracture is seen. Extensive facet arthropathy is noted throughout the lumbar spine, contributing to the canal stenosis.

6-5-12 preoperative and postoperative diagnosis: Low back pain. Procedure: Bilateral facet arthrogram at L3-4, L4-5, and L5-S1. Bilateral facet injections at L3-4, L4-5 and L5-S1. Bilateral sacroiliac joint injections. Interpretation of radiograph.

6-22-12 Unknown Provider, the claimant complains of pain in left hip down to buttocks, left leg pain. The claimant states she was in the hospital for dehydration after she had a shot in her back of steroid to help with pain. The claimant states she is in a lot of pain. Assessment: Chronic pain in lumbar spine. Plan: The claimant referred to neurosurgeon. Continue Neurontin.

7-6-12 Physical Therapy Discharge Evaluation.

8-9-12 performed a Doctor Selected Evaluation. He certified the claimant had reached MMI on 8-9-12 and awarded the claimant 4% whole person impairment based on range of motion loss of the left hip (Flexion 80 degrees). For the lumbar spine the claimant was provided a 0% impairment rating.

8-14-12 the claimant presents with continued complaints of low back pain that extends down the left hip into the left lower extremity. Assessment: Low back pain with left greater than right lower extremity radiculopathy extends all the way down the left lower extremity along the dermatomal distributions between L2-S1. This is a work-related injury as this claimant had no pain prior to the time of injury. Plan: The evaluator recommended that he proceed with an epidural started injection on the left side transforaminal L4-5 and L5-S1 as this is the treatment of choice and the standard of care. Continue physical therapy and the evaluator will continue to exhaust all more conservative modalities.

12-4-12 Unknown Provider, the claimant complains of pain in left hip down to buttocks, left leg pain. The claimant feel that her hip is in constant pain. The claimant complains of pain while walking. She states she feel her left leg is going to sleep, it tingles all the way down. Assessment: Severe lumbar stenosis, chronic lumbar spine. Plan: The claimant referred to physical therapy. The claimant was prescribed Neurontin.

12-4-12 Physical Therapy Evaluation.

12-7-12 performed a Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for physical therapy 3xwk x 4wks lumbar-left hip 97110, 97112, 97530, 97140 is not certified. He noted that this is a request for 12 Physical Therapy visits for the lumbar spine and left hip, three times a week for four weeks, for a patient who developed lo back and left hip pain following a work-related injury on 9/21/12. Spoke with Xxx, NP, and discussed the case. He stated the patient has been given referral to neurosurgeon but has declined so far. He also stated the patient was seen by pain management one time and received treatment but had a "bad reaction" and she does not want to continue with that. Xxx also stated that MMI was ordered. She had prior courses of Physical Therapy which afforded some pain relief and functional improvement. Her last documented PT visit was on 5/31/12. She had a recent PT evaluation on 12/4/12 which noted an antalgic gait, tenderness of the left hamstrings and buttock, significant pain in the lumbosacral area (rated 7-9/10), muscle guarding and spasm in the "HS" limited left hip motion (internal rotation 30/45, external rotation 30/45), and weakness of the left hip (in real rotators 2+/5, external rotators 2+/5). However, there was no functional assessment of lumbar musculature provided. There was also no documentation of recent medical records from the treating physician reporting the patient's current clinical status (including subjective and objective findings) and addressing the

medical necessity of the requested service. The proposed number of sessions exceeds the stipulated therapy visits for the patient's condition as per referenced guidelines. As such, the medical necessity of this request cannot be determined at this time. Determination: Non-certified

1-3-13 performed a Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for physical therapy 3xwk x 4wks lumbar-left hip 97110, 97112, 97530, 97140 is not certified. The claimant has completed 13 physical therapy visits from 3-30-12 to 7-6-12.

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

Based on the records provided, this claimant will not benefit with additional formal physical therapy for 12 visits to the lumbar spine and left hip.

The claimant at most sustained a soft tissue strain/sprain of the lumbar spine and left hip. Diagnostic studies do no demonstrate any acute structural changes to the lumbar spine. Therefore, the request for Physical Therapy 3 x Wk x 4 Wks Lumbar/Left Hip 97110, 97112, 97530, 97140 is not reasonable or medically necessary.

Per ODG 2012 physical therapy:

Lumbar sprains and strains (ICD9 847.2):
10 visits over 8 weeks

Sprains and strains of hip and thigh (ICD9 843):
9 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)**