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## Notice of Independent Review Decision

**DATE OF REVIEW:** 5/30/2013

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity outpatient continued physical therapy three times a week for two weeks for a total of six visits for lumbar spine consisting of therapeutic activities, neuromuscular re-education and manual techniques for a maximum for four units per session.

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

The reviewer is a Medical Doctor who is board certified in Internal 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity outpatient continued physical therapy three times a week for two weeks for a total of six visits for lumbar spine consisting of therapeutic activities, neuromuscular re-education and manual techniques for a maximum for four units per session.

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

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed:

LHL009 – 5/13/13

Denial Letters – 5/1/13, 5/13/13

Pre-authorization Requests – 4/26/13, 4/30/13

Progress Note – 4/24/13

Appeal Request – 5/2/13

Progress/Encounter Notes – 4/19/13, 4/24/13, 4/25/13

Records reviewed

Injury Follow-up Appt Notes – 4/10/13, 4/3/13, 4/17/13, 4/24/13, 5/1/13

MRI of the Lumbar Spine – 4/29/13

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who has undergone 12 physical therapy visits for lumbosacral sprain. An MRI of the lumbar spine demonstrated minimal disc bulge at L4-L5 and moderate to severe foraminal encroachment at L5-S1. An additional six physical therapy visits are planned, three times per week for 2 weeks.

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

Official Disability Guidelines recommend getting physical therapy visits over eight weeks for lumbosacral sprains or strains. This member has undergone 12 physical therapy visits and is documented to have had a decrease in pain and an increase in range of motion. The documentation indicates that a home exercise program could be utilized at this point. In summary, the requested outpatient continued physical therapy three times a week for two weeks for a total of six visits for lumbar spine consisting of therapeutic activities, neuromuscular re-education and manual techniques for a maximum four units per session is not medically necessary.

**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)