

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 X wk X 3 wks Lumbar

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

PM&R and 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:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 04/26/13, 04/03/13
Request for review by an independent review organization dated 05/09/13
Reconsideration request dated 04/08/13
Treatment plan dated 03/28/13, 07/02/12, 05/21/12
Operative report dated 05/11/12
Handwritten physical medicine evaluation dated 07/02/12
Office note dated 06/25/12, 04/23/12, 04/24/12
Designated doctor evaluation dated 11/01/12
Handwritten progress note dated 03/28/13
Industrial rehabilitation comprehensive care plan dated 08/03/12
Handwritten medical clearance dated 07/27/12
Handwritten follow up evaluation dated 07/02/12, 05/21/12, 04/05/12
MRI lumbar spine dated 03/30/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting heavy objects. MRI of the lumbar spine dated 03/30/12 revealed right paracentral 5 mm disc herniation at L4-5 with bilateral facet hypertrophy creating moderate stenosis with right greater than left-sided L5 nerve root encroachment; bilateral posterolateral disc protrusion/herniations at L3-4 with facet hypertrophy creating mild stenosis with right greater than left-sided L4 nerve root and foraminal encroachment. Per note dated 04/23/12, the

patient has had conservative treatment including physical therapy and MRI. Assessment includes lumbar sprain and strain; lumbar facet syndrome; lumbar/thoracic radiculopathy; sacroiliac joint syndrome; chronic pain syndrome. The patient subsequently underwent lumbar transforaminal block on 05/11/12. Note dated 06/25/12 states that the patient has had a course of therapy and two epidural steroid injections, but continues with back and leg symptoms. Designated doctor evaluation dated 11/01/12 indicates that diagnosis is low back injury with protruding disc from some stenosis in the lower lumbar area. The patient was determined to have reached MMI as of 07/25/12 with 5% whole person impairment. Progress note dated 03/28/13 indicates that the patient was released in July, but did not return to work. He presents with increased low back pain and right leg pain.

Initial request for physical therapy 3 x wk x 3 wks lumbar was non-certified on 04/03/13 noting that the Official Disability Guidelines support up to 10 physical therapy sessions for the treatment of a lumbar sprain or strain, plus an active self-directed home exercise program. The documentation submitted for review lacked evidence of significant functional deficits that would warrant physical therapy at this time. In addition, the patient was noted to have completed 80 sessions of a work hardening program from 07/2012 to 08/2012. It remains unclear if the patient had previously participated in PT and his response to that treatment. The denial was upheld on appeal dated 04/26/13 noting that the treatment specifically requested are 9 sessions of lumbar decompression using the DRX 9000 along with traction and McKenzie exercise protocols. Review of the Official Disability Guidelines states that vertebral axial decompression is not recommended. In power traction devices, the Official Disability Guidelines state it is not recommended. Guidelines stated evidence suggests any form of traction is probably not effective. The patient has previously completed a work hardening program with improvement and was released to return to work, but reportedly was not able to find employment. The patient has completed physical therapy as recommended by the Official Disability Guidelines.

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

The patient sustained injuries on xx/xx/xx and subsequently completed a course of physical therapy as well as 80 hours of a work hardening program, which indicates a prior finding that the patient had completed an adequate course of physical therapy with improvement followed by plateau. The Official Disability Guidelines support up to 10 visits of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. The patient's compliance with an active home exercise program is not documented. Per designated doctor evaluation dated 11/01/12, the patient reached maximum medical improvement as of 07/25/12 with 5% whole person impairment. As such, it is the opinion of the reviewer that the request for physical therapy 3 x wk x 3 wks lumbar is not recommended as medically necessary. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program as recommended by the guidelines.

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