

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: 01-10-14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Continued Physical Therapy 2 x a week x 4 weeks

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

This physician is Board Certified in Physical Medicine and Rehabilitation with over 18 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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:

03-21-12: Lumbosacral Spine, 5 views
07-17-12: EMG/NCV Report
02-01-13: Progress Note
09-17-13: Progress Note
09-17-13: Procedure Note
10-04-13: Progress Note
10-25-13: Progress Note
11-04-13: UR performed
11-12-13: Progress Note
12-02-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured at work on xx/xx/xx. The injury occurred when the claimant was walking and slipped with her right foot. Her body

twisted toward the left and she fell onto her left knee and her face struck the door. After which, she complained of low back pain radiating to her buttock area and down into her leg. The claimant's pain has persisted despite appropriate conservative care including medications, physical therapy (10 sessions for lumbar sprain/strain and lumbago), a trochanteric bursa injection and multiple ESI's. The claimant did go through a BRC process and the diagnosis of a left piriformis syndrome was accepted.

03-21-12: Lumbosacral Spine, 5 views. Impression: 1. Minimal multilevel degenerative spurring. 2. Considerable stool in the colon.

07-17-12: EMG/NCV Report. Electrodiagnostic Impression: 1. This is an unremarkable electrodiagnostic study. 2. There is no electrodiagnostic evidence of a left lumbar radiculopathy. 3. There is no electrodiagnostic evidence of a left sciatic neuropathy.

02-01-13: Progress Note. The claimant presents with complaint of low back pain that is primarily in the left buttock referred to the posterolateral thigh and calf. She had a previous MRI of the lumbar spine showing degenerative changes at the L4 disc without any nerve root impingement. She ambulates with a nonantalgic gait, but does exhibit discomfort when rising from sitting to standing. Lumbar ROM is within normal limits. There is exquisite tenderness over the left piriformis muscle and to a lesser degree, over the left sacral sulcus and greater trochanter. The claimant's straight leg raise test is negative. She has increased left buttock pain with piriformis stretch as well as antalgic hip flexion, abduction, and resisted clamshell on the left. Assessment: 1. Low back pain. 2. Left piriformis syndrome. She was given a prescription for Flexeril and a piriformis injection was recommended.

09-17-13: Progress Note. The claimant states her pain is 9/10 in her left lumbosacral area, her buttock and down the posterolateral aspect of her leg into her foot constantly. The claimant ambulates with a mildly antalgic gait. She has tenderness on palpation over the piriformis, left sacral sulcus, paraspinals, and greater trochanter. The straight leg test provokes some buttock and posterior leg pain. She has a positive FAIR's test with increased buttock pain. Strength exam in lower extremities is 5/5 throughout and muscle stretch reflexes are 2/4 for the bilateral patellae and Achilles. Plan: Left piriformis injection under fluoroscopic guidance.

09-17-13: Procedure Note. Post-Procedure Diagnosis: Piriformis Syndrome. Procedure: 1. Left Piriformis Injection. 2. Ultrasound guidance.

10-04-13: Progress Note. She reports some improvement especially in the most distal pain. Her burning in her left foot is now intermittent as opposed to constant. The claimant states pain 6-7/10 and has pain in left buttock, gastroc, foot and charley horse-like cramping in her left leg intermittently. She had an initial evaluation for physical therapy but had not started yet. With flexion she is restricted 40 degrees. The claimant has tenderness with palpation of her left

greater trochanter, piriformis and sacral sulcus. Plan: Continue with physical therapy for her next 5 sessions over the next 3 weeks including piriformis stretches, range of motion exercises, and pelvic muscle strengthening.

10-25-13: Progress Note by FNP. The claimant has been attending physical therapy and has completed her 6 existing approved sessions. She is continuing to show improvement in her symptoms. She is continuing to have some pain in lateral aspect of left hip, proximal lateral thigh, and left buttock. As well as some burning in the plantar aspect and the lateral edge of the left foot intermittently. Flexion is about 70 degrees. The claimant has tenderness over the left piriformis and greater trochanter. She has increased pain with piriformis stretching and mild decreased sensation over the lateral aspect of her left foot. Plan: Request 4 additional physical therapy sessions, as she is showing improvement, but still not having adequate pain relief.

11-04-13: UR performed. Rationale for Denial: Since the records show the patient has received a total of 17 therapy visits, this request exceeds ODG guidelines and I cannot recommend approval.

11-12-13: Progress Note. The claimant felt her symptoms had been worsening since her last visit 3 weeks ago and was experiencing continued pain in the left buttock referred to the proximal lateral thigh. The claimant's symptoms are activity dependent and seem to be worse with prolonged sitting and standing. Lumbar ROM is 60 degrees of flexion with increased left buttock and sciatica pain. Plan: Again request four additional physical therapy sessions. The claimant was urged to continue with a home exercise program. The use of a home TENS unit was also discussed.

12-02-13: UR performed. Rationale for Denial: The requested physical therapy two times per week for four weeks is not medically necessary based on review of the medical record and phone conversation a nurse practitioner explained by telephone that is a physical medicine physician who has diagnosed a piriformis syndrome in Ms. explained by telephone that in early September she underwent an ultrasonic-guided injection which gave her appropriate short term relief so this was a diagnostic test. Since then, she has only had two sessions of physical therapy focused on her piriformis and continues to have sciatic issues. They would like further therapy. Guidelines were reviewed in terms of number of therapy visits. It would appear that this claimant was injured in xx/xxxx and therapy sessions in terms of diagnosis to include lumbar sprain/strain, lumbago, and backache are usually 8-10 visits. In this case, it would appear that the claimant already had six visits approved and has also had a total of seventeen visits so far. The requested therapy includes myofascial release, moist heat, passive stretching, active exercise, home exercises, flexibility, strengthening, Thera-Band, core strengthening, and a McKenzie spine program-the vast majority of which can be performed at home. Therefore, in light of the fact that the claimant has already had significant therapy for an injury that occurred, the requested physical therapy at this time is not medically necessary.

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

The previous adverse determination is upheld. Due to the fact that the requested number of visits exceeds ODG hip chapter recommendations for Piriformis Syndrome of 9 visits over 8 weeks (given notation of 6 visits already completed), and there is lack of clinical information with no submitted progress notes to objectify decreased pain level or any gains in hip range of motion and/or strength with the previous 6 visits. Also, the claimant has been instructed in a home exercise program. There is no indication for additional PT visits at this time. The request for continued PT for 2 x a week x 4 weeks is denied.

PER ODG:

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#), including assessment after a "six-visit clinical trial".

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

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

9 visits over 8 weeks

Dislocation of hip (ICD9 835):

9 visits over 8 weeks

Fracture of neck of femur (ICD9 820):

Medical treatment: 18 visits over 8 weeks

Post-surgical treatment: 24 visits over 10 weeks

Fracture of pelvis (ICD9 808):

Medical treatment: 18 visits over 8 weeks

Post-surgical treatment: 24 visits over 10 weeks

Osteoarthritis and allied disorders (ICD9 715):

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment: 18 visits over 12 weeks

Arthropathy, unspecified (ICD9 716.9):

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty/fusion, hip: 24 visits over 10 weeks

Piriformis syndrome (ICD9 355.0):

Medical treatment: 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)**