



Notice of Independent Review Decision - WC

DATE OF REVIEW:

07/16/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3 x week x 3 weeks for lumbar spine

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

Board Certified in Physical Medicine and Rehabilitation

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 or not medical necessity exists for each of the health care services in dispute:

- Physical Therapy 3 x week x 3 weeks for lumbar spine - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRIs: 03/06/13, 05/07/13, 05/20/13
03/27/13, 04/24/13
04/01/13, 04/04/13, 04/05/13, 04/08/13, 04/10/13, 04/12/13, 04/16/13, 04/18/13, 04/19/13,
04/22/13
06/24/13, 11/15/13, 12/04/13
06/27/13, 10/02/13, 12/23/13
10/18/13, 11/29/13, 12/20/13, 01/09/14, 01/24/14, 02/07/14, 02/21/14, 04/18/14, 05/16/14,
06/20/14

04/29/14, 05/22/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured at work xx/xx/xx. Records indicate injury to her right shoulder, neck, and lumbar spines. She received conservative treatment including physical therapy to the right shoulder, medications, and injections. Physical therapy for the lumbar spine, to include instruction in a home exercise program, was not provided. Current diagnoses include lumbago, sciatica, lumbar radiculopathy, and backache. Due to the chronicity of the lower back pain, the treating physician has now recommended a course of physical therapy to the lumbar spine

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

I have had the opportunity to review this record. In my opinion, based upon the provided documentation, the recommended physical therapy three times per week for three weeks (nine total visits) for treatment of the lumbar spine is medically reasonable and necessary. While it is true the claimant had nine previous visits of physical therapy, this was clearly for the shoulder issue only and not for the lumbar spine. Records indicate that the lumbar spine, a separate body domain, has not been treated with physical therapy. Therefore, the purposed lumbar physical therapy is within the Official Disability Guidelines and recommended.

ODG on Physical Therapy:

- Recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain.
- Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain.
- Physical medicine treatment (including PT, OT and chiropractic care) should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations; the functional limitations are likely to respond to skilled physical medicine treatment (e.g., fusion of an ankle would result in loss of ROM but this loss would not respond to PT, though there may be PT needs for gait training, etc.); care is active and includes a home exercise program; & the patient is compliant with care and makes significant functional gains with treatment.
- If there are reasons why these therapies cannot be concurrent, documentation should support medical necessity. For example, in unusual cases where co-morbidities involve completely separate body domains, requiring separate treatments that would be difficult to combine, either additional visits or additional time for a visit may be justified. [For the purpose of this discussion, we would assume there could be only three separate body domains: (1) spine and pelvis; (2) upper extremity and hands; & (3) lower extremity and feet.]

- **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

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**