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Notice of Independent Review Decision

DATE: March 12, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 2-3 x 6 Weeks

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

The reviewer is certified by the American Board of Physical Medicine and Rehabilitation with over 16 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:

10/15/13, 11/14/13, 01/15/14: Office Visits

10/29/13: Initial Medical Report

11/07/13: UR

02/04/14: UR

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured his neck and low back when he tripped and fell backwards on xx/xx/xx.

10/15/13: The claimant was evaluated for neck and low back pain. It was noted that he reportedly was told that he had lumbar strain and started physical therapy 3 times per week for 2 weeks. He continued to have neck and low back pain associated with diffuse occipital headaches. On exam, he had palpable tenderness and spasm at cervical and lumbosacral paraspinals. Spurling's was equivocal. SLR and Patrick's were positive. Cervical spine ROM was 45 in flexion, 30 in extension, 35 in lateral flexion right, 40 in lateral flexion left, 60 in right rotation, and 70 in left rotation. Lumbosacral ROM was 20 in flexion, 0 in

extension, and 20 in lateral flexion bilaterally. There was FROM in the extremities with no deformities, edema, or erythema. On neurological exam, DTRs not elicited at patella and Achilles tendon. He was diagnosed with morbid obesity, diabetes mellitus, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, chronic pain syndrome, and benign essential hypertension. The plan was to obtain x-ray and MRI of the cervical and lumbar spine, try Lidoderm, Meloxicam, and Norco, and physical therapy to improve ROM, strength, and endurance and reduce pain. He was taken off work. An order was written for PT to include evaluation and treatment, cervical traction, lumbar traction, ultrasound, iontophoresis, massage, soft tissue mobilization, and therapy 2-3 times per week x 6 weeks.

10/29/13: The claimant was evaluated for chronic neck and lower back pain syndrome and numbness and tingling in the left arm. **CLINICAL ASSESSMENT FINDINGS:** Paravertebral joint dysfunction in cervical and lumbosacral spine regions. Global ROM deficits. Numbness/tingling left arm. Occipital headache. Mobility trouble with ADLS. **TREATMENT PLAN:** Initiate physical medicine modalities. Requesting PMR 3 times per week x 6 weeks.

11/07/13: UR. **RATIONALE:** It is noted that previous physical therapy failed to provide any significant improvement according to the provided medical records and continued formal physical therapy is not warranted. Additionally, failure of a home exercise program for treatment of symptoms for this injury, was not documented. As such, the request for a total of 18 physical therapy visits is recommended for non-certification.

11/14/13: The claimant was evaluated. It was noted that he was waiting for approval of his therapy. He continued to have pain, stiffness, and spasm in his back. His medications reduced the pain to 6/10. He felt tired and stiff all the time. On exam, he had palpable tenderness and spasm at cervical and lumbosacral paraspinals. Spurling's was equivocal. SLR and Patrick's were positive. Cervical spine ROM was 45 in flexion, 30 in extension, 35 in lateral flexion right, 40 in lateral flexion left, 60 in right rotation, and 70 in left rotation. Lumbosacral ROM was 20 in flexion, 0 in extension, and 20 in lateral flexion bilaterally. There was FROM in the extremities with no deformities, edema, or erythema. On neurological exam, DTRs not elicited at patella and Achilles tendon. **PLAN:** Will recommend continued therapeutic exercises to improve his strength, endurance, and transfers.

01/15/14: The claimant was evaluated. He complained of low back pain, spasm, and stiffness. It was noted that he had been recently hospitalized for left hand cellulitis where he had multiple I&D. He continued to have sharp shooting low back pain with stiffness and spasm that radiated to lower extremities. The pain was 8/10 with medications reducing it to 4-5/10 for 3-4 hours. It was noted that everything that he did aggravated the pain, including staying in one position for long. He was having problems sleeping at night. He denied any bowel or bladder problems. On exam, he had palpable tenderness and spasm at cervical and lumbosacral paraspinals. Spurling's was equivocal. SLR and Patrick's were

positive. Cervical spine ROM was 35 in flexion, 20 in extension, 25 in lateral flexion right, 30 in lateral flexion left, 65 in right rotation, and 75 in left rotation. Lumbosacral ROM was 20 in flexion, 5 in extension, and 20 in lateral flexion bilaterally. There was FROM in the extremities with no deformities, edema, or erythema. On neurological exam, DTRs not elicited at patella and Achilles tendon. PLAN: Continue Norco and Meloxicam and add Tizanidine for continued pain and stiffness and deconditioned status. May benefit from therapy and modalities to improve pain, functional mobility, strength, and endurance. Analgesia improving slowly, hand injury may have aggravated overall pain. He appeared to be improving in his ADL. Denied any aberrant use. Disability forms completed. F/U in 1-2 months.

02/04/14: UR. RATIONALE: The claimant is a male who was injured on xx/xx/xx in a fall. The claimant was diagnosed with chronic pain syndrome, cervical brachial syndrome, muscle spasm, and sprain/strain of the lumbosacral spine. The claimant was evaluated on 10/15/13. A history of diabetes mellitus type 2 and hypertension was noted. Complaint of neck and low back pain was reported. The claimant was previously treated at another facility and had received physical therapy as well as work restrictions. The physical examination documented palpable tenderness and spasming at the cervical and lumbosacral paraspinal muscles. Spurling's sign was equivocal. Straight leg testing and Patrick's sign were positive. Restricted range of motion of the cervical spine and lumbar spine was noted. Deep tendon reflexes were not elicited at the patella and Achilles tendons. Plain film x-rays and MRIs were ordered, and Meloxicam 15 mg and Norco 10/325 mg were prescribed. Physical therapy was ordered to improve range of motion, strengthening, and endurance and reduce pain. The guidelines recommend up to 10 sessions of physical therapy for sprains and strains of the lumbar spine and up to nine sessions of physical therapy for neck pain. The provided records indicate the claimant was previously treated with physical therapy; however, the frequency, duration, as well as total visits of physical therapy were not documented. Efficacy of the previous physical therapy program was not noted, and failure of a home-based exercise program to address the current complaints that was no longer in the acute phase was not documented. No current functional limitation requiring additional formal physical therapy was provided for review, as the medical records provided for review were dated October 2013. Based on these factors, the request for physical therapy two to three visits per week for six weeks is recommended for non-certification.

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

The previous adverse decisions are upheld. Clinically, there is lack of information regarding progress with past therapy, and there is question regarding compliance of a home exercise program. ODG recommends 10 visits over 8 weeks for cervical and lumbar strains. The request is for 12-18 visits of physical therapy, which exceeds the ODG recommendations. Therefore, the request for Physical Therapy 2-3 x 6 Weeks is not medically necessary and is not certified.

<p>ODG: Physical therapy (PT)</p>	<p>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".</p> <p>Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks</p> <p>Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks</p> <p>Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks</p> <p>Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks</p> <p>Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Post-surgical treatment (arthroplasty): 26 visits over 16 weeks Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks</p> <p>Intervertebral disc disorder with myelopathy (ICD9 722.7) Medical treatment: 10 visits over 8 weeks Post-surgical treatment: 48 visits over 18 weeks</p>
<p>Physical therapy (PT)</p>	<p>ODG Physical Therapy Guidelines – Allow for fading of treatment frequency (from up to 3 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".</p> <p>Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks</p> <p>Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks</p>

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)**