MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 9/21/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of four additional sessions of physical therapy for the lumbar spine.

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 Physical Medicine and Rehab.

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 medical necessity of four additional sessions of physical therapy for the lumbar spine.

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

PATIENT CLINICAL HISTORY [SUMMARY]:
According to available medical records, this injured worker sustained multiple injuries on xx/xx/xx. He reportedly landed on his buttocks. He reportedly used his left arm to break his fall. Following his injury, he was diagnosed with a left shoulder and lumbar sprain/strain. Records indicate that he underwent physical therapy from July 18, 2013 through August 12, 2013. There are no records from his initial injury or treatment. According to available

medical records, the worker underwent a bilateral decompressive laminectomy and left diskectomy at the L5-S1 level on April 15, 2014. The diagnosis was a left herniated disk with marked foraminal stenosis encroaching and impinging upon nerve roots at L5, left greater than right, and less so on the left side at S1.

Postoperatively, the worker underwent sixteen physical therapy visits. Physical therapy notes indicate that treatment planned included therapeutic exercise, neuromuscular re-education, gait training, manual therapy, modalities, massage, and a home exercise program.

Following completion of sixteen visits, the injured worker had a “progressive evaluation” by physical therapy on July 29, 2014. At that time, his posture was said to be within functional limits. He was able to walk one-half of a mile with a cane. His Oswestry score had decreased from a score of 78 upon initiation of physical therapy to 58 at the time of completion of his sixteen therapy sessions. He was said to have 70° of lumbar flexion, 15° of lumbar extension, 10° of left lateral bending, and 15° of right lateral bending. He had shown no increase in strength over the last four weeks of therapy prior to July 29, 2014 and strength varied from 4 to 5/5 in the lower extremities bilaterally. The injured worker was re-evaluated by his surgeon on August 13, 2014. At that time, the injured worker was complaining of back pain and muscle aches in his lower extremities and numbness along the plantar aspect of the left foot. Current medications included ibuprofen and Flexeril. Deep tendon reflexes were said to be 2+ and symmetrical. Lower extremity strength was described as 5/5. Straight leg raising was said to be positive on the left. Tenderness over the lumbar spine without palpable muscle spasm was described. The surgeon recommended continued physical therapy, chronic pain management, and a topical cream.

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

This worker sustained an injury to his lumbar spine in a slip and fall maneuver on xx/xx/xx. He received twelve physical therapy sessions postoperatively and reportedly received an epidural steroid injection, sometime in the post injury period. He was diagnosed with a herniated disk and foraminal stenosis and ultimately underwent surgery including a laminectomy and left diskectomy at the L5-S1 level on April 15, 2014. In the postoperative period, he received the recommended sixteen physical therapy sessions.

According to available medical records, he continues to complain of lower back pain with lower extremity radiation and numbness in his left foot. His physical status has improved significantly. His pain level, according to the physical therapy evaluation on July 29, varies from 4 to 8 on a Visual Analog Scale of 0 to 10. He has very mild limitation of back movement and some tenderness over the lumbar spine. Neurologically, his lower extremities are normal, according to evaluation by his surgeon on August 13.

This worker reportedly injured his lumbar spine and did not respond to conservative treatment including twelve sessions of physical therapy and epidural steroid injections. He was ultimately taken to surgery and received the recommended sixteen physical therapy sessions. Among the goals listed by the physical therapist was development of a home exercise program. The injured worker has shown improvement but continues to have mild

limitation of motion of the lower back as well as subjective complaints of pain and numbness in his left foot.

There are no new or different signs or symptoms that would suggest those additional physical therapy sessions beyond those recommended by the ODG
Treatment Guidelines would be required. A home exercise program should have been developed as described by physical therapy. Home exercises are designed to provide ongoing and long-term care and the ODG Treatment Guidelines confirm that home exercises are equally as effective as supervised exercises once the individual has been placed on a home exercise program.

At this point, this medical record does not support the medical necessity for an additional four sessions of physical therapy for the lumbar spine.

VI. Reference:

ODG Treatment Guidelines

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)**