Health Decisions, Inc.

4517 Coconino Court
Fort Worth, TX 76137
P 972-800-0641
F 888-349-9735

Notice of Independent Review Decision

September 8, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 x a week for 4 weeks Neck/Thoracic Spine

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

American Board Certified Family Practice physician with over 13 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.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male that was injured on the job. He was diagnosed with Cervicalgia and thoracic and neck sprain. The claimant has had x-rays, CT scan, PT and pain medication, none of which has given sustained relief.

06-09-14: PT Initial Examination. The claimant presents with c/o pain in his neck with stiffness in his spine and limited mobility. He states pain is in his neck and lumbar region. The claimant states pain 7/10 now. Upon evaluation, current functional limitations: Changing and Maintaining Body Position: Pain located in neck (mid spine) “triangles in shoulder blades”, on pain scale worst 9/10, best 4/10, current 7/10. The claimant is currently taking Flexeril and hydrocodone. Cervical AROM: Forward bending 60% with pain, backward bending 40%, right rotation 40%, left rotation 30%, right side bending 30%, left side bending 20%. Shoulder AROM: Flexion R 90 L 90, abduction R 90 L 90, functional external rotation reach R & L sub cranial, functional internal rotation reach R & L sacrum.

Lumbar AROM: Forward bending 40%, backward bending is neutral with pressure in mid lumbar, right side bending 2" above knee, left side bending 2" above knee. Strength: Cervical – Flexion 4-/5 bil, extension 4/5 bil, side bending 4-/5 bil. Shoulder – Flexion 4-/5 bil, abduction 4/5 bil. Cervical Spine: Difficulty continues to assess transverse and alar ligaments d/t soft tissue accumulation along posterior aspect of skull. PT able to palpate C2 rotation with cervical rotation to the R. Lumbar from previous eval: SLR LLE 20%, RLE 40%; pain with roll test BLE with IR. The claimant with tightness throughout cervical to lumbar paraspinals. He has tightness in sub occipitals, B upper trap and levetor, B rhomboids (L>R); B scalanes; B interscapular region tightness and tenderness; T2 L rotation.

06-09-14 through 07-01-14: Daily PT Notes. The claimant has muscle tightness throughout cervical and thoracic region. Upon evaluation, he has higher cervical pain with very limited cervical ROM. Noted several fibrous nodules around R cervical paraspinals and increase in tightness to B UT and R>L levator. The claimant has increase guarding d/t fear of pain. Also, presents with tenderness between scapulas around middle trap and tightness of the thoracic spine of facet. The claimant is able to stand without compensation. Hypersensitive to touch around R mid trap area and R interscapular region. Slight improvement with cervical ROM, demonstrating greater lateral flexion ROM. Pain prior to session 4/10, pain after session 3/10.

07-02-14: PT Re-Examination. The claimant reports that his neck mobility has improved 20%. Upon evaluation, has guarded posture limiting voluntary motion through cervical spine. Cervical AROM: Forward bending 50 with pain at end, backward bending 50%, right rotation 60%, left rotation 60%, right side bending 30%, left side bending 20%. Lumbar AROM: Forward bending 60%, backward bending 10%, right/left side bending 2" below knee. ROM limited d/t pain. Upon evaluation, noted slight improvement with cervical ROM, demonstrating greater lateral flexion and cervical rotation ROM. The claimant has attended 8 PT visits for cervical and lumbar pain.

07-02-14 through 07-16-14: Daily PT Notes. The claimant is gradually increasing exs tolerance. Pain is 4/10 before sessions and 2/10 after sessions. He is tolerating majority of exs and stretching fairly well. The claimant demonstrated improvement with L middle trap sensitivity, able to tolerate greater pressure during manual.

07-17-14: URA. Rationale: The patient is a male who sustained an injury on xx/xx/xx due to motor vehicle accident. He was diagnosed with Cervicalgia, thoracic and neck sprain. A request was made for 12 PT visits. On 6/18/14 PT visit, the patient was on his second session, neck pain was rated 7/10, 4/10 at best and 9/10 at worst. He has "higher" cervical pain with very limited ROM. He was unable to tolerate exercise due to increase in pain. According to 07/02/14 PT visit, the patient stated that he continued to have pain while sleeping and at times was unable to go to sleep. He was able to move his neck more and mobility had improved by 20 percent, but his pain was about the same. The pain was located

on the neck, mid spine and on the “triangles in shoulder blades” and was rated at 3/10, 2/10 at best and 8/10 at worst. He was taking Flexeril and hydrocodone. Examination revealed that the patient was guarded posture limiting voluntary motion through cervical spine. Active forward bending was “50 percent”, backward bending was “50 percent”, right and left rotation were “60 percent”, right side bending was “30 percent”, left side bending was “20 percent”. Pulsing movement in his neck was noted on extension. There was pain at the end range of each movement. There was tightness through the cervical to lumbar paraspinals. The patient had gradually increasing tolerance with exercise. There was slight improvement with cervical ROM, demonstrating greater lateral flexion and cervical rotation. Pain decreased to “4/10” with treatment. The patient attended 8 PT visits for the cervical pain and felt he has made about 20 percent improvement in symptoms since initiation of treatment. He will benefit from continued skilled PT to address muscle tightness, posture and ROM limitations. However, additional PT sessions on top of the previously completed therapy visits exceed the guideline recommendation of 10 visits for his condition. There are no exceptional indications identified to support sessions in excess of guideline recommendation for his condition. The medical necessity of the request is not established.

08-15-14: URA. Rationale: The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. A surgical history was not provided. Diagnostic studies are not provided. The patient is currently diagnosed with Cervicalgia, neck sprain, thoracic sprain, fatigue and abnormal posture. Previous conservative treatment includes physical therapy. Current medications are not listed. The patient was evaluated on 07/02/14 with complaints of persistent pain and stiffness. Treatment recommendations at that time included continuation of physical therapy. The Official Disability Guidelines state physical medicine treatment should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations. Treatment for sprains and strains of the neck includes 10 visits over 8 weeks. The patient has completed an unknown amount of physical therapy to date. However, the patient continues to report persistent pain stiffness and discomfort. The patient continues to demonstrate limited range of motion. Without evidence of objective functional improvement, additional treatment cannot be determined as medically appropriate. Additionally, the current request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The patient is a male who was injured on the job on xx/xx/xx while driving a motor vehicle. He sustained a cervical spine sprain. He has had a work up that included x-ray and CT. Treatment has included oral medication and PT.

The previous decisions are upheld. Review of the PT notes show that the patient attended 8 PT sessions from 6/9/14-7/2/14 with 20% improvement in his neck

mobility. He then attended an additional sessions from 7/2/14-7/16/14, however, the number of sessions is not identified. It is reported that he did receive some benefit from these, decreasing his pain level from 4/10 prior to the session to 2/10 after the sessions and achieved greater mobility. At this time, the patient is over 90 days from his MVA and has no diagnosis requiring surgical intervention that has been documented. ODG guidelines support Physical Therapy services for a period of 10 sessions over 8 weeks for sprains and/or strains. The patient has exceeded this time frame and likely this number of visits. There is no evidence to support a request for an additional 12 sessions of Physical Therapy based on the information provided for review.

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
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
Intervertebral disc disorder with myelopathy (ICD9 722.7)
Medical treatment: 10 visits over 8 weeks
Post-surgical treatment: 48 visits over 18 weeks
Spinal stenosis (ICD9 724.0):
10 visits over 8 weeks
See 722.1 for post-surgical visits
Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):
10-12 visits over 8 weeks
See 722.1 for post-surgical visits
Curvature of spine (ICD9 737)
12 visits over 10 weeks
See 722.1 for post-surgical visits
Fracture of vertebral column without spinal cord injury (ICD9 805):
Medical treatment: 8 visits over 10 weeks
Post-surgical treatment: 34 visits over 16 weeks
Fracture of vertebral column with spinal cord injury (ICD9 806):
Medical treatment: 8 visits over 10 weeks
Post-surgical treatment: 48 visits over 18 weeks
Work conditioning (See also Procedure Summary entry):
10 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)**