

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** JUNE 2, 2015

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed Physical Therapy X 8 (97110, 97112, 97140, 97530)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

## **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.83	97110		Prosp	8			Xx/xx/xx	Xx/xx/xx	Upheld
722.83	97112		Prosp	8			Xx/xx/xx	Xx/xx/xx	Upheld
722.83	97140		Prosp	8			Xx/xx/xx	Xx/xx/xx	Upheld
722.83	97530		Prosp	8			Xx/xx/xx	Xx/xx/xx	Upheld

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee is a who was injured on xx/xx/xx. The claimant caught a falling box, which weighed 45 pounds, injuring his lower back.

A lumbar spine MRI was performed on November 24, 2014. The impression was:

1. Right hemilaminectomy and facetectomy are seen at L4-L5. There was posterior fusion of L4 and L5 with a right posterior Rod fixed by right pedicle screws at both levels. No arachnoiditis seen,
2. 1 mm anterolisthesis at L2-L3 is due to facet joint hypertrophy. No lumbar compression fracture is seen,
3. Mild central canal stenosis was seen at L1-L2 through L3-L4, and
4. Mild stenoses are seen in the right L3-L4 and left L4-L5 foramina.

He was evaluated at on . A complaint of low back pain was reported. There was no leg pain, numbness, tingling, or weakness. A history of previous transforaminal lumbar interbody fusion with right-sided pedicle screws at L4-L5 in 2012 was noted. The physical examination noted an individual sitting uncomfortably. There was difficulty acquiring a whole, upright position when getting out of a chair. Surgical scars at the lumbar spine were well-healed. Gait was slow and purposeful. Strength was normal in the upper extremities with normal sensation and reflexes. Lower extremity strength was intact with normal sensation and reflexes. Radiographs were stated to show pedicle screws on the right-sided L4-L5 with transforaminal lumbar interbody implants. The recent MRI was reviewed. Facet joint injections were recommended, along with physical therapy. Home exercises were recommended.

A Peer Review was completed on February 16, 2015. It was determined that the extent of injury was a lumbar sprain and strain with no new structural lesion or acute change seen on MRI.

The claimant attended 12 sessions of physical therapy through April 30, 2015. He was re-evaluated at on May 7, 2015. There was no change in the subjective complaints or physical examination findings. The assessments made were lumbar spondylosis without myelopathy and post-laminectomy syndrome. Physical therapy was continued. A CT scan with three-dimensional reconstruction was ordered to assess hardware placement and union of L4-L5. An MRI was ordered to assess for adjacent level disc degeneration and/or stenosis.

A Peer Review was completed on May 14, 2015. It was noted that the claimant had 12 visits of physical therapy and minimal deficits were noted on examination. It was felt that the claimant should be able to transition to a home exercise program and a request for eight additional visits of physical therapy was not certified.

A lumbar spine MRI was performed on May 18, 2015. The impression was:

1. Interbody fusion graft at L4-L5 without signs of solid fusion. Right-sided pedicle screws are noted at L4 and L5. A right-sided laminectomy and partial facetectomy been performed at this level. Severe right and moderate left neuroforaminal narrowing is seen and
2. Multilevel spondylosis with central canal narrowing and neural foraminal narrowing as described.

A Peer Review was completed on May 20, 2015. It was felt that guideline criteria had not been met for a requested eight additional visits of physical therapy. There was no evidence of clinical issues that could not be addressed with a self directed at-home exercise program. The request for eight additional physical therapy visits for the lumbar spine was not certified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

As noted in the Division-mandated Official Disability Guidelines, up to 10 sessions of physical therapy are recommended for the treatment of sprains and strains of the lumbar spine. The reported mechanism of injury, catching a falling box, and the

subjective complaints, as well as objective findings on physical examination are consistent with a myofascial strain of the lumbar region of the spine only. There were no documented neurologic deficits or findings on imaging studies consistent with a significant acute injury. The claimant has previously undergone lumbar fusion surgery, which would have required extensive physical therapy, and has also received 12 sessions of physical therapy for the compensable injury. The claimant should be well-versed in a self-directed home exercise program at this point and failure of a home exercise program to address the current complaints of low back pain, which would require additional physical therapy beyond the guideline recommendations, was not documented. Therefore, the requested additional 8 sessions of Physical therapy is not deemed medically necessary.

ODG

Integrated Treatment/Disability Duration Guidelines

Low Back - Lumbar & Thoracic (Acute & Chronic)

(updated 05/15/15)

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

**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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)