



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

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800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: September 16, 2015

DWC CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Pre-authorization for 12 physical therapy visits with evaluation and re-evaluation

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas.

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)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained injury to his lower back on XX/XX/XXXX when he was carrying a x up on a hill when he slipped in a mud. The claimant was diagnosed with lumbar strain, lumbar disc bulges at L4-5 and L5-S1, and lumbar radiculopathy. The prior treatment includes physical therapy before surgery (last PT was in 2012), epidural steroid injections, and medications (Lidoderm patches, Neurontin, Robaxin, Topamax, Hydrocodone, Vicodin, Restoril, Wellbutrin, Soma, Ambien, Atenolol, and Xanax). The claimant underwent bilateral laminectomy with partial facetectomy, foraminotomy, an discectomy, L4-5 and L5-S1 on 06/22/2015.

An initial PT evaluation dated 07/21/2015 indicates the claimant complained of pain on low back, legs (right>left), weakness and difficulty walking and performing daily activities. The claimant reported pain level of 7-10/10. Objective exam include tenderness on paralumbars, MMT grossly 2-/5 right LE and 2/5 left LE, ambulated independently without assistive device with decreased weightbearing on right LE and decreased cadence. Lumbar ROM: Trunk flexion 20, extension 3, lateral flexion to right 5 and to left 5. Sensation was numbness of right LE (below the knee) and both feet. Plan was to PT 2x/week for 6 weeks.



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An initial denial letter dated 07/28/2015 indicates the requested 12 physical therapy visits for lumbar spine with evaluation and re-evaluation was denied because the requested PT sessions exceeds the guidelines recommendation and there is no documentation of exceptional factors to explain any excess treatment requirements.

A second denial letter dated 08/21/2015 upheld the previous denial. It was noted that the patient had PT before surgery and last therapy was in 2012. Guidelines recommend 16 post-operative therapy for the lumbar spine, however the requested 12 physical therapy visits exceeds the recommended initial set for post operative therapy. Given these issues, the medical necessity of this request is not established.

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

The claimant is a male with a long-standing history of lower back pain. The claimant recently underwent bilateral laminectomy and discectomy at L4-S1 on 06/22/2015 and as per ODG 16 sessions over 8 weeks of postop physical therapy is recommended. A postoperative initial PT evaluation dated 07/21/2015 documents that the claimant had persistent lower back and legs pain and difficulty performing activities with objective evidence of decreased range of motion of lumbar spine and weakness in lower extremities. Although the claimant was treated with physical therapy previously, it was performed before surgery and done 3 years ago in 2012. According to ODG, "a recent Cochrane review concluded that exercise programs starting 4-6 weeks post-surgery seem to lead to a faster decrease in pain and disability than no treatment." Also, evaluation and re-evaluation play a critical role to monitor progress and effectiveness of the treatment and it should be encouraged.

The requested 12 sessions of physical therapy is within the ODG recommendation of 16 sessions over 8 weeks. Therefore, based on Official Disability Guidelines (ODG) and the clinical documentation stated above, the request is medically necessary and appropriate.

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



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- 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)
 - Low Back - Lumbar & Thoracic (Acute & Chronic) – Updated 07/17/2015 – Accessed Online**
 - Physical Therapy (PT)**
 - 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
 - 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