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**An Independent Review Organization**

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## **Notice of Independent Review Decision**

Case Number:

Date of Notice:

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Internal Medicine

**Description of the service or services in dispute:**

Outpatient Rehabilitation

**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)

### **Patient Clinical History (Summary)**

The patient is a female for whom outpatient rehabilitation has been requested. The provided documentation indicates that this patient had a work related injury in XXXX where she hit her head and hurt her arm. Her diagnoses were noted to include traumatic brain injury resulting in dizziness, headaches, and vision disturbances. Additionally, the patient hurt her arm during the injury and has subsequently/additionally been diagnosed with sprain of ligaments of the lumbar spine (sequela), as well as sprain of other parts of the lumbar spine and pelvis (sequela). The notes provided by Sports and Medicine Rehabilitation were largely illegible; however, the documents indicate that the patient has been receiving occupational therapy since her evaluation on XX/XX/XX. The occupational therapy was originally ordered on XX/XX/XX though the clinical information on the referral form was illegible. The occupational therapy evaluation summary and plan of treatment dated XX/XX/XX recommends occupational therapy twice per week for 90 days for treatment regarding activities of daily living, therapeutic exercises, and other illegible treatments. The patient was noted to have cognitive deficits though she was oriented times 4. She was described as anxious and restless. Her primary pain location was her left leg and right back. An ongoing rehabilitation plan of care, approved XX/XX/XX, provided goals of therapy; however, the document was largely illegible. It is unclear how many visits the patient had attended at that point, or whether there was objective evidence of functional improvement. A rehabilitation ongoing plan of care dated XX/XX/XX was also largely illegible. Objective evidence of improvement could not be determined. It is unclear how many total visits of occupational therapy the patient had attended. The document did report that the patient was compliant with her home exercise program. Short and long term goals of therapy were provided. An MRI of the lumbar spine dated XX/XX/XX revealed no significant neural foraminal or canal narrowing; mild disc desiccation throughout; and a 3 mm central disc protrusion at L5-S1 which caused no significant neural foraminal or canal narrowing. The clinic note dated XX/XX/XX indicated that the patient continued to be symptomatic with complaints of headache 9/10 in intensity, eye strain, ataxia and falls, as well as sharp pain in the hands and palms. The patient stated she felt like her lower back was "locking up." The patient recently had VNG, which showed some abnormalities. The patient had an ENT evaluation and she was due to have a neuropsychological assessment in due course. The clinician recommended a neuropsychological assessment. An Interventional Pain Associates note dated XX/XX/XX reported that the patient presented for medication refills. She continued to complain of low back pain. The patient denied any radiating pain into the bilateral lower extremities. The patient denied numbness and tingling sensations. The patient did receive a TENS unit which she reported helped with her pain. The patient's pain without medications was 7/10 to 9/10 in intensity, and with medications a 7/10 to 10/10 in intensity. Her pain worsened with washing dishes and sitting for prolonged periods. Her pain was

relieved with rest. The patient had participated in medical treatment, physical therapy, and chiropractic treatment. The patient did report aching and weakness. She reported numbness and tingling in the bilateral buttocks and bilateral feet, which is contrary to the history of present illness narrative notes. Her current medications were noted to include amitriptyline, amlodipine, gabapentin, ibuprofen, meclizine, melatonin, meloxicam, Tylenol with codeine No. 3, topiramate, and citalopram. Physical examination revealed trigger points in the bilateral paraspinal, piriformis, and lumbar erectae. Lumbar range of motion was limited. Bilateral axial loading caused pain. There was spinous tenderness at the bilateral L4-5 and L5-S1. There was facet tenderness at the bilateral L3-4, L4-5, and L5-S1. Facet loading was positive bilaterally. Straight leg raise was positive on the left at 25 degrees. Fabers test was positive on the left. There was sacroiliac joint tenderness on the left. There was sciatic notch tenderness on the left. Gaenslen's test was negative. SI shear test was negative. There was no pain with hip extension. Motor strength measured 4/5 on the left. Sensation was intact throughout. Deep tendon reflexes were 2 throughout. The clinician indicated that the patient had failed home therapy and was unable to do physical therapy due to her dizziness. The clinician recommended a left lumbar epidural steroid injection.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The Official Disability Guidelines recommend physical medicine to include occupational therapy for headaches in the amount of 6 visits over 6 weeks, and state that exercise (such as home exercise) is recommended following traumatic brain injury. Regarding low back pain, the Official Disability Guidelines recommend physical therapy to include occupational therapy in the amount of 10 visits over 8 weeks for the treatment of lumbar sprains and strains. There should be a fading of treatment frequency and transition to an independent home exercise program. While the provided documentation does not clearly demonstrate how many visits of occupational therapy this patient has attended, the treatment plan was for 2 visits per week, and she has attended therapy from XX/XX/XX through XX/XX/XX, which demonstrates the likelihood that she has attended more than the recommended number of visits. Without evidence of objective functional improvement, continued therapy is not supported. The documents did indicate that the patient was compliant with her home exercise program, and based on the extended course of treatment, the patient should be independent with her home exercise program at this juncture. Based on the above information, the medical necessity for the requested outpatient rehabilitation has not been proven. As such, the prior adverse determination should be upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)  
Official Disability Guidelines (ODG), Treatment Index, 14th Edition (web), 2016, Head (trauma, headaches, etc., not including stress & mental disorders)/ Physical medicine treatment.  
Official Disability Guidelines (ODG), Treatment Index, 14th Edition (web), 2016, Low Back - Lumbar & Thoracic (Acute & Chronic)/ Physical therapy (PT)