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March 13, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical therapy, lumbar spine, 2 x 3, 6 visits

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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 patient is a male who was injured on XX/XX/XX, while lifting objects at work.

Periodic Outcomes Evaluation Sheet dated XX/XX/XX, indicated that the patient had low back pain on the right side with numbness, tingling and weakness. The patient ambulated with a cane and had physical therapy (PT) one year ago. He had injections. His medications were listed as Tylenol #3, tramadol, ASA, gabapentin, and Medrol Dosepak.

On XX/XX/XX, the patient was seen and evaluated. The patient was referred for low back pain radiating down both legs. The patient stated that prolonged physical activity and standing for long time does cause pain. He has had PT, injections, and chiropractic care in the past but continued to have pain. Past medical history was notable for high blood pressure. Past diagnostic tests included x-rays, MRI, CT scan, myelogram, discogram and electrodiagnostic studies. On physical examination, the patient was noted to have reduced range of motion (ROM) of the left knee in flexion and reduced internal rotation of bilateral hips. Right lower extremity quadriceps strength was

4/5. The patient demonstrated antalgic gait pattern. There was significant spinal tenderness in the paraspinal muscles. Bilateral straight leg raising (SLR) was positive at 75 degrees in seated position. There was abnormal sensation to light touch seen in the right lower extremity and L4 dermatome. There was abnormal motor strength to right lower extremity quadriceps 4/5. There was reduced ROM with flexion, extension, side bending and rotation. Spinal motion was with pain, equal in all directions. XX reviewed the lumbar x-ray that showed spondylotic appearing vertebral bodies with osteophytic growths and endplate thickening at multiple levels. There was instability seen at anterolisthesis at L3-L4 and retrolisthesis L4-L5. There was abnormal appearance to the disc with significant disc height loss at L3-S1. XX reviewed the MRI, which showed multilevel spondylosis of the lumbar spine with significant disc degeneration seen at levels L2-S1 associated with ligamentum flavum hypertrophy and facet hypertrophy. There was moderate to severe lateral recess and foraminal stenosis L3-L4, L4-L5, and L5-S1. XX diagnosed severe low back pain and leg pain with neurogenic claudication in bilateral lower extremities with also decreased sensation and weakness; multilevel spinal stenosis greatest at L3-L4 and L4-L5. At L5-S1, there was severe bilateral foraminal stenosis with severe disc collapse. XX felt the patient was a candidate for surgery.

On XX/XX/XX, XXnoted tenderness over the lumbar paraspinal segments. Range of motion (ROM) was limited in flexion and extension. XX diagnosed low back pain and continued baclofen, Neurontin, meloxicam, and Tylenol with Codeine. XX noted that the patient had right knee arthroscopy and that he was in physical therapy.

X-rays of the lumbar spine dated XX/XX/XX, showed significant degenerative disc and joint changes with retrolisthesis of L4 on L5 and L5 on S1 and anterolisthesis of L3 on L4. Anterolisthesis worsened at L3-L4 with flexion.

A pre-surgical psychologic evaluation was completed on XX/XX/XX. The patient was cleared for surgery with a fair psychosocial prognosis for pain reduction and functional improvement. Psychometric testing indicated moderate depression and anxiety. It was felt the patient would benefit by a chronic pain management program.

On XX/XX/XX, the patient continued to complain of low back pain with radiation over the lower extremities. He had weakness in the lower extremities. There was tenderness over the lumbar paraspinal segments. ROM was limited in flexion and extension. He did have weakness in the lower extremities. The patient had a wide based waddling gait. The diagnoses were lumbar herniated nucleus pulposus (HNP) and lumbar radiculitis. XX continued Tylenol with Codeine, Neurontin and meloxicam. The patient was advised to take baclofen sporadically for flare-up in symptoms.

On XX/XX/XX, XX noted positive straight leg raising (SLR) over the lateral hips. There was tenderness over the lumbar paraspinal segments. The patient was continued on Tylenol #4, meloxicam and Neurontin.

On XX/XX/XX, the patient had continued low back pain with difficulty sleeping. The patient favored forward flexed posture. There was tenderness over the lumbosacral junction. XX continued meloxicam, Neurontin, and added tizanidine. Codeine was discontinued, hydrocodone was started.

On XX/XX/XX, XX noted the patient's surgery was denied because he had not had PT. XX referred the patient to PT. Recommended modalities included active ROM, strengthening exercises, manual therapy, lumbar stabilization exercises, scapular stabilization, postural reeducation/strengthening, electrical stimulation, and ultrasound.

On XX/XX/XX, Initial PT evaluation was completed. Proposed modalities included moist heat, Synaptic, dry needling, manual therapy, and exercises.

From XX/XX/XX, through XX/XX/XX the patient attended six sessions of PT.

On XX/XX/XX, XX resubmitted the request for surgery.

On XX/XX/XX, Periodic Outcomes Evaluation was completed by the patient.

Per utilization review dated XX/XX/XX, XX denied the request for PT 2x week x 3 weeks, lumbar spine, 97112, 97140, 97110 with the following rationale: "*Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Muscle strength measurements were not provided to objectively document deficits to support the need for additional physical therapy.*"

On XX/XX/XX, XX resubmitted the request for PT (2x3) 6 visits with proposed modalities of neuromuscular reeducation, manual therapy, and therapeutic procedures.

On XX/XX/XX, a reconsideration appeal was denied Rationale: "*This is an individual who sustained an injury on XX/XX/XX. The stated mechanism of injury was lifting and pulling metal from a floor up to a machine. Previous treatment has included 6 sessions of physical therapy from XX/XXXX through XX/XX/XX. There was additional physical therapy performed in XX. A physical therapy progress note, dated XX/XX/XX, includes a complaint of lower back pain and an inability to sit or stand for long periods of time without increasing pain. Current medications include meloxicam, Neurontin, hydrocodone and tizanidine. A physical examination revealed decreased lumbar spine range of motion and decreased but symmetrical lower extremity reflexes of 1+. There was normal lower extremity strength, rated at 5/5 and lumbar strength was rated at 2+/5. Additional physical therapy treatment was rendered on this date. An x-ray of the lumbar spine, dated XX/XX/XX, reveals significant degenerative disc and joint disease with retrolisthesis of L4 on L5 and L5 on S1 and an anterolisthesis of L3 on L4. There was no change of alignment with extension. There was an assessment of centralized low back pain with range of motion, strength and functional deficits. Additional physical therapy treatment was recommended. A previous review did not certify the request for additional physical therapy, stating that no muscle strength measurements were provided. However, this information is provided in the most recent note, dated XX/XX/XX. The*

Official Disability Guidelines recommend up to 10 visits of physical therapy for individuals with lumbar sprains/strains, and intervertebral disc disorders. There has been previous physical therapy treatment rendered in XXXX, as well as 6 additional sessions in XX/XXXX. There is no mention of previous instruction or participation in a home exercise program. Considering the injured employee's symptoms, previous treatment rendered, objective findings and these guideline recommendations, this request would be partly certified for 2 visits of physical therapy for the lumbar spine, for instruction on a home exercise program to increase range of motion and strength. The remaining 4 visits are not certified. However, as no peer contact could be established, a partial certification could not be negotiated. As such, the request is considered not medically necessary in its entirety."

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

The request for additional therapy exceeds ODG recommendations as early notes indicate significant therapy following the injury date in XXXX and another six additional in XX/XX/XXXX. There is nothing in the medical records to support the need for more therapy exceeding recommendations by ODG. The Official Disability Guidelines recommend a total of ten therapy sessions and he has already exceeded. Therefore, the decision is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES