Health Decisions, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Additional Physical Therapy Evaluate and Treat for the Lumbar Spine, 3 times a week for 4 weeks, as an outpatient.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: American Board Certified Physician in Physical Med. and Rehab with over 20 years' 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 patient is a male that sustained an injury to the low back into XX. The diagnosis listed were displacement of thoracic of lumbar intervertebral disc without myelopathy, post-laminectomy syndrome, lumbar region, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc radiculopathy, thoracolumbar region, and post laminectomy syndrome. The patient has recently completed 8 physical therapy sessions for chronic low back pain. Only minimal functional improvement was noted with the recent visits completed. This request is for additional physical therapy. Patient still has complaints of pain rated at 2-6/10 on the left greater than the right side with is slowly decreasing. There are flare-ups with increased activity.

XX/XX/XX: Physical Therapy Initial Evaluation: Pt complaints: Low back/ buttock/groin pain, and midback. No specific trigger for this episode. Increased symptoms with sitting, standing, walking and rising from sitting. Functional disability scores low back 46%. Current exercise program: LB stretches and core ex as prescribed after his fusion surgery. Evaluation of lumbar and pelvis, manual therapy MFR L+R psoas + L SIJ, Ther Ex- LE+ L SIJ stretching exercises, and Neuro ReEd- Tr Ab + basic lumbar stab. ex. in supine position. Treatment Frequenty 2-3 times for 4-6 weeks.

XX/XX/XX: PT Treatment #1 note. PT: Rates pain 4-5/10 B groin pain has resolved Bil LB and buttocks + R post thigh. Objective: Manual Myofascial release, Stretching and strengthening exercise. Pt tolerance good. Continue treatment per current plan of care

XX/XX/XX: PT Treatment #2 note. PT: Pain today 6-7/10 in L buttock and Bil hip/groin with LB spasms and L SIJ tenderness, worse with standing and walking and some of his exercises. L anterior iliac rotation, + Fortin finger sign, L SIJ, pelvis level. Pt tolerance- Fair. Held functional ex in standing due to elevated sx. Continue treatment per current plan of care

XX/XX/XX: PT Treatment #3 note. PT: Pain 3-4/10 B LB/SI/buttock groin pain. Left greater that Right worse with daily

activities and transitional movements but better when he wears an elastic binder low around LB/Pelvis. Localized tenderness B SIJ, + sx relief with SIJ stabilization via elastic binder. Pt tolerance fair. Opted to do UE ex in standing and hold LE ex in supine to reduce direct pressure on SIJ's. I recommend proper SIJ stabilization belt for sx control

XX/XX/XX: PT Treatment #4 note. PT: Decrease in Bil LB/SI/Buttock/groin pain. Left greater than Right with intermittent use of elastic binder around pelvis. Left anterior iliac rotation mild. Pelvis level MT today; decrease SIJ pain via stabilization belt. Myofascial Release: L psoas R psoas L QL. Tolerance Good. Increase with 5 exercise. Issued pt a Donjoy SIJ stabilization belt today for sx control

XX/XX/XX: Follow up visit: XX comes in for follow up regarding his low back. He has had some worsening of left lumbosacral pain radiating to his anterior groin. At times pain is also travels towards toward the right side with the left side is the predominant symptom generator. He has been doing physical therapy and we have discussed with her that she thinks his most recent flare-ups may be secondary to SI joint pain. She gave him an SI joint belt which has given him some symptomatic improvement. Today pain level in the low back is 4-5/ 10 on the VAS scale. Leg pain is 4/10. Lower extremities strength is symmetrically present in all lower extremity muscle groups. Light tough is normal for all lumbar dermatomes. Fortin Finger Test is negative to the right and positive to the left. Faber Test is negative to the right and positive to the left. He also had a positive thigh thrust test. His exam today points to the SI joint on the sift side as the probable source of his recent exacerbation of pain. He has a positive Fortin finger test, Faber test and thigh thrust test. I have recommended a left SI joint Injection for both diagnostic and therapeutic purposes. I will see him back once the injection has been completed. He is comfortable with the plan

XX/XX/XX: PT Treatment #5 note. PT: Pain 6/10 persistent L SIJ pain and bilat ant hip/pelvic pain and spasm L greater than R. He gets temporary reduction in sx when he wear SIJ stabilization belt.

XX/XX/XX: PT Treatment #6 note. PT: Pain 3/10 Today his symptoms are more along the R flank, LB and buttock vs his typical L sided SIJ pain. He has increased L SIJ pain with prolonged sitting, standing or walking. Stretching, Strengthening, body mechanics and Functional exercise completed. Progressed from supine marching to up, up, down, down ex. Held Prone on ball and leg lifts due to sx.

XX/XX/XX: PT Treatment #7 note. PT: Pain 2/10 LB and SI joint pain depends on activity level. He was able to ride a recumbent bike for 15min without adverse reaction, SI belt helps. Lumbopelvic stretching and strengthening, body mechanics and functional exercise. Tolerance Good.

XX/XX/XX: PT Treatment #8 and progress report. PT: C/o increased LB/SI pains post last PT possibly related to increase in reps with majority of his exercises he wants to keep progressing but often has increase sx as result. We will request continuation of PT and wait for authorization. Pt reports bil SI/LB pain L greater than R remains constant but is slowly decreasing in intensity prone to flare ups with increased activity. Mobility: Lumbar ROM: Flex= 55-35 =20 degrees (+10) Ext= 0 increase in pain no change. RSB= 25-10= 15 no change LSB= 25-5= 20 (+10) Strength: Slowly increasing resistance with UE and LE strengthening exercises but sometimes have to back off due to increase in sx. Pelvic symmetry: being addressed with manual therapy; some days level, but not usually level when pt has sx. Patient is performing at the basic level. Patient is inconsistently demonstrating proper body mechanics and posture requires minimal/moderate cuing to perform exercises properly. ODI has worsened from 46% to 52%. Continue PT 2 times per week for 6 additional weeks or #12 visits to decrease pain to 0-2/10 LB/ SI, increase mobility in lumbar Flex, Ext and RSB by 5 degrees, increase strength in UE and LE, Attain/ maintain pelvic symmetry, Increased stabilization to intermediate, Improve body mechanics and posture.

XX/XX/XX: IRO: The claimant sustained an injury to the low back XXXX has recently completed 8 physical therapy sessions for chronic back pain. Only minimal functional improvement was noted with recent sessions completed. The request additional visits exceed guidelines recommendations for care the chronic phase of treatment. The calamine should be well versed in a home exercise program after over xxxx years. As continued care would not be supported as well as given lack of any significant efficacy with treatments to date, medical necessity has not established for additional physical therapy

XX/XX/XX: IRO: The ODG recommends up to 10 visits of PT followed by home exercise for the injured employee's lumbar spine condition. There has been previous treatment with 8 visits of physical therapy with improvement including increased motion and decreased pain. There is no mention of instruction of participation in a home exercise program. Considering the previous treatment rendered and its efficacy, as well as the guideline recommendations, this request is partially medically necessary for 2 visits of physical therapy for instruction on home exercise program for the lumbar spine

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

Determination: Denial of an additional 12 PT visits is UPHELD/AGREED UPON since the request exceeds ODG recommended number of visits and time frame for submitted diagnosis, and after completion of 8 recent PT visits there is no significant progress and no documentation of instruction in and compliance with a home exercise program.
There is also no documentation of adjuvant care including medications, activity modification, or consideration of invasive procedures in a chronic case now over 4 years since injury. Therefore, this request is not medically necessary.

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:
10 visits over 8 weeks
Sprains and strains of unspecified parts of back:
10 visits over 5 weeks
Sprains and strains of sacroiliac region:
Medical treatment: 10 visits over 8 weeks
Lumbago; Backache, unspecified:
9 visits over 8 weeks
Intervertebral disc disorders without myelopathy:
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
Medical treatment: 10 visits over 8 weeks
Post-surgical treatment: 48 visits over 18 weeks
Spinal stenosis:
10 visits over 8 weeks
Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified:
10-12 visits over 8 weeks
Curvature of spine:
12 visits over 10 weeks
Fracture of vertebral column without spinal cord injury:
Medical treatment: 8 visits over 10 weeks
Post-surgical treatment: 34 visits over 16 weeks
Fracture of vertebral column with spinal cord injury:
Medical treatment: 8 visits over 10 weeks
Post-surgical treatment: 48 visits over 18 weeks
Torticollis:
12 visits over 10 weeks
Other unspecified back disorders:
12 visits over 10 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)**