

Core 400 LLC

An Independent Review Organization
3801 N Capital of TX Hwy Ste E-240 PMB 139
Austin, TX 78746-1482
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

DATE NOTICE SENT TO ALL PARTIES: Feb/08/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Continue PT 3x4 Lumbar

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified General Surgery

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for continue PT 3 x 4 lumbar is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is XX/XX/XX. Her history is significant for lumbar laminectomy L5-S1 on XX/XX/XX. The patient underwent caudal epidural steroid injection on XX/XX/XX. MRI of the lumbar spine dated XX/XX/XX revealed a mild broad based disc protrusion with small annular tear at L4-5 but otherwise no significant canal or foraminal stenosis. EMG/NCV revealed electrodiagnostic evidence of a left L5-S1 radiculopathy and acute on chronic right L5-S1 radiculopathy. Medical peer review dated XX/XX/XX indicates that the complete extent of the compensable injury for the event that occurred on XX/XX/XX is a contusion/sprain of the left hip and a sprain of the lumbar spine. The lumbar sprain and contusion resolved rather quickly. She had ODG recommended physical therapy prescribed, but did not attend due to pain related to the prior conditions. Initial evaluation dated XX/XX/XX indicates that the patient slipped and fell and landed on her back and hips. The patient reports having had physical therapy treatment for this pain episode. Follow up report dated XX/XX/XX indicates that the patient is seen in follow up for her back pain. She reports that she received two sessions of physical therapy with some improvement. She was seen by XX who recommended L5 nerve root block. She was seen by a pain specialist, who also recommended L5 nerve block. She is experiencing intense low back pain with radiation to the left buttock and left leg. On physical examination strength is 4+/5+ for left EHL and quadriceps. There is paresthesia of the left leg at the L5-S1 distribution. Deep tendon reflexes are +1/+2 left patella and +2/+2 right patella and bilateral Achilles. Lumbar range of motion is limited in all planes of motion. Kemp's test provoked low back pain bilaterally. Diagnosis is listed as lumbar sprain/strain, lumbar disc protrusion, possible lumbar radiculopathy and myospasm.

The initial request for continued PT 3 x 4 lumbar was non-certified on XX/XX/XX noting that lacking documentation that the patient completed the two sessions recommended and lacking documentation of specific amount of therapy received for this episode, continued treatment on an outlier basis with twelve additional sessions of therapy is not supported as medically necessary. The denial was upheld on appeal dated XX/XX/XX noting that there is limited evidence of clinical issues that do not appear to be able to be addressed by a prescribed and self-directed protocol.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient slipped and fell on XX/XX/XX. Peer review dated XX/XX/XX indicates that the complete extent of the compensable injury for the event that occurred on XX/XX/XX is a contusion/sprain of the left hip and a sprain of the lumbar spine. The lumbar sprain and contusion resolved rather quickly. She had ODG recommended physical therapy prescribed, but did not attend due to pain related to the prior conditions. The total number of physical therapy visits completed to date is unclear, and the patient's response to treatment is not documented to establish efficacy of treatment and support additional sessions. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. Given the patient's diagnosis of lumbar sprain, this should have resolved with or without treatment at this time. The patient should be instructed in and encouraged to perform an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for continue PT 3 x 4 lumbar is not recommended as medically necessary and the prior denials are upheld.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

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)