

# Vanguard MedReview, Inc.

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**IRO CASE #: XXXX**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical Therapy

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

This case was reviewed by a Board Certified doctor of Orthopedic Surgery with over 18 years of 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]:**

XXXX: MRI Spine Cervical WO/W interpreted by XXXX. **Conclusion:** Post fusion at C5-6 with metal slightly, from arising evaluation though no significant abnormality is suspected with no disc herniation, canal stenosis or suspicion of nerve root impingement at any level.

XXXX: Operative Report by XXXX. **Post-Operative Diagnosis:** Lumbar intercerebral disc disease and lumbar radiculopathy. **Procedure Performed:** Lumbar epidural steroid injection

XXXX: Operative Report by XXXX. **Post-Operative Diagnosis:** Lumbar radiculopathy **Procedure Performed:** Left-sided L4 and L5 transforaminal epidural steroid injection.

XXXX: Encounter report by XXXX. **HPI:** The patient is a XXXX who presents with chronic lumbar back pain. Symptoms include pain, stiffness and decreased ROM. Symptoms are located in the low back. The pain radiates to the left buttock, left posterior thigh, left lateral thigh, left lower leg, left foot, right buttock, right posterior thigh, right lateral thigh, right lower leg and right foot. The patient describes the pain as sharp, dull, aching, burning, stinging and throbbing. Onset was sudden

immediately after the injury (Work injury-pt XXXX and hit XXXX head.). The symptoms occur constantly. The patient describes symptoms as moderate in severity and unchanged. Symptoms are exacerbated by weight bearing, prolonged standing, prolonged sitting, lifting, bending and straining. Symptoms are relieved by rest, ice, heat, non-opioid analgesics (with % relief) and opioid analgesics (hydrocodone with 40% relief). Associated symptoms include leg numbness and leg weakness (both knees). While associated symptoms do not include foot numbness, foot weakness, foot drop, urinary incontinence or fecal incontinence. Current treatment includes activity modification, ice packs, heating pad, opioid analgesics (hydrocodone with 50% relief; post op med) and muscle relaxants (Soma). No associated conditions are noted. Pertinent surgical history does not include back surgery, hip surgery or knee surgery. The patient is currently able to do activities of daily living with limitations. The patient was previously evaluated in this clinic XXXXX ago. Patient states XXXX had a laminectomy on XXXXX with XXXX. Pt states XXXX is still having pain in XXXX right leg.

XXXX: Office Visit by XXXX. **HPI:** Management changes made at the last visit include ordering test(s) (EMG (pt cancelled). Patient states XXXX had EMG at AGH. XXXX would like to stop Soma and switch to Flexeril. **Assessment/Plan:** TENS device, four or more leads, electrical stimulation of muscle, conductive garment for TENS. Indications for use are poor biomechanics, pain, decreased ROM, muscle spasms. Treatment recommendations are as needed 3 times per day for 10 minutes. Goal of treatment is pain relief, increased function, medication reduction, and decreased muscle spasm and swelling.

XXXX: Office Visit by XXXXX. **HPI:** Management changes made at the last visit include changing medication dose (increased gabapentin). Patient is here for follow up. Patient states the increase is helping. Patient presents to the office today for a f/u on XXXX low back, but would also like to discuss XXXX cervical pain. **Symptoms:** Back pain and backache. Currently in pain, ongoing pain problem. Pain 7/10. **Physical Exam:** Neurologic-Sensory- Light touch-intact-globally. Motor-Bulk and contour-normal. Tone-normal. Strength- 5/5 normal muscle strength all muscles. General assessment of reflexes-right knee- 2+. Left knee 2+, right ankle 2+, left ankle 2+. Neurosychiatric-mental status exam performed with findings of-oriented x3 with appropriate mood and affect, able to articulate well with normal speech/language, rate, volume and coherence, thought content normal with ability to perform basic computations and apply abstract reasoning, associations are intact, demonstrates appropriate judgment and insight and attention span and ability to concentrate are normal. Musculoskeletal-Global assessment-right upper extremity-no deformities, masses or tenderness, no known fractures, normal strength and tone, normal ROM without pain and no instability, subluxation or laxity. Left upper extremity no deformities, masses or tenderness, no known fractures, normal strength and tone, normal ROM without pain and no instability, subluxation or laxity. Spine/ribs/pelvis-gait and station-abnormal gait patterns-antalgic gait and painful gait. Lumbosacral spine: Inspection and palpation-tenderness-exquisitely tender (over the lumbar spine with radiation into the lower extremities into the b/l L4 and L5 dermatomal levels). Swelling-none. Muscle tone-atrophy and spasticity. Sensation is normal. Lumbosacral spine-functional testing-modified straight leg raising test positive. Spine assessment-lumbar pain on flexion, pain on extension and pain on rotation. **Assessment and Plan:** Lumbar radiculopathy, cervical radiculopathy. Changed gabapentin, continue current exercises, continue meds, continue current treatment, Patient care discussed and reviewed with attending physician, patient referred to XXXX, follow up in XXXX.

XXXX: Office Visit by XXXX. **HPI:** Management changes made at the last visit include changing medication dose (increased gabapentin). Patient states the increase is helping. **Assessment & Plan:** Cervical radiculopathy, lumbar radicular pain. Cervical ESI, continue current exercise, continue current meds, Follow up in 3 weeks.

XXX: Office Visit by XXXX, PA-C and XXXX. **Chief Complaint:** XXXX comes to us now about XXXX status post and L3-4 to S1 laminectomy. XXXX is still having severe low back pain as well as pain down both of XXXX legs. XXXX says XXXX gets spasms in XXXX thighs. XXXX has difficulty walking, difficulty sitting. XXXX has been to physical therapy without any relief. This is affecting XXXX daily living. XXXX also continues to complain of neck and bilateral arm pain. XXXX states the pain starts in the middle of XXXX neck, radiates into both of XXXX shoulders, and down the posterior portion of both of XXXX arms to about XXXX elbow. XXXX has some tingling in XXXX left hand over the last 2 or 3 fingers. Sometimes the pain gets so bad XXXX has headaches which really debilitate XXXX for the entire day. XXXX was denied previous PT on XXXX C-Spine so has not had really any therapy for that. XXXX does have a history of an XXXX, but upon XXXX last visit, that was well healed and doing great. XXXX is not stumbling, tripping, or falling. **Examination:** On physical exam, XXXX walks with a normal gait and station. XXXX has 5/5 strength throughout both upper and lower extremities. No neural tension signs. Hoffmann's sign is negative bilaterally. Clonus is negative bilaterally. No pain with ihp or knee ROM on either side. No pain with shoulder or elbow ROM on either side. **X-rays:** Pittsburgh Bone, joint and spine x-rays done here today AP and lateral of XXXX cervical as well as lumbar spine were both reviewed. XXXX does have a solidly fused C5-6 ACDF without any evidence of any other instability at any other levels. As far as XXXX low back is concerned, XXXX does, again, have no evidence of any instability. XXXX does have some L3-4 degenerative disc disease. **Plan:** I think we need to start XXXX in some pain management for XXXX low back symptoms. We have tried therapy, and really nothing is helping XXXX at this point. XXXX should be feeling much better form XXXX laminectomy at XXXX out. As far as XXXX neck is concerned, we can get XXXX into some physical therapy and see if that will help these symptoms. If XXXX gets no relief with that, our next step would certainly be an MRI scan. We will see XXXX back in XXX.

XXXX: History and Physical Report by XXXX. **HPI:** Past treatments has included non-steroidal anti-inflammatory drugs, muscle relaxants, opioid analgesics, ice, heat, physical therapy, spinal injections and spinal surgery. Pt here today for follow up to discuss options, WC denied XXXX CESI. XXXXX ordered XXXX physical therapy for neck and shoulders but XXXX is still waiting for approval. **Assessment & Plan:** Will be undergoing Lumbar ESI L5-S1. Follow up 3 weeks.

XXXX: Office Visit by XXXX. **HPI:** XXXX is here today to discuss an increase in Gabapentin. XXXX states that XXXX does feel the medication is helping with XXXX pain but may not be "strong enough." **Assessment & Plan:** Cervical radiculopathy. Continue current treatment. Follow up in 6 weeks.

XXXX: UR performed by XXXX. **Rationale for Denial:** As per ODG, "Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible/" The patient has low back pain that radiates down both of XXXX legs. The examination showed lumbar spine tenderness with decreased painful ROM. However, the patient was already seeing a pain management physician for the lower back. No rational was provided why another referral to pain management is necessary. Therefore, this request/ would not be considered medically reasonable and necessary and is not certified.

XXXX: UR performed by XXXX. **Rationale for Denial:** ODG does not support this request. While the patient has current subjective complaints and objective findings consistent with cervical pain and dysfunction, there is no indication of objective functional benefit with previous physical therapy

complete. Additionally, there is no indication of deficits that would be expected to improve with additional supervised physical therapy as opposed to a home exercise program. Therefore, the request is non-certified.

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

The request for physical therapy is denied.

This patient continues to have pain in the neck with radiation down XXXX arms. XXXX was injured in XXXX. XXXX has had an anterior cervical discectomy and fusion (ACDF) at C5-6. A MRI of the cervical spine (XXXXX) identified no evidence of disc herniation, canal stenosis, or nerve root impingement at any level. In XXXX, XXXX was noted to have a solid fusion at C5-6 without any evidence of instability at adjacent levels. Physical therapy was recommended for XXXX cervical spine condition.

The Official Disability Guidelines (ODG) supports physical therapy for the treatment of cervical disc displacement. Ten visits over eight weeks are recommended.

This patient does not have disc displacement in the cervical spine, based on the imaging studies reviewed. XXXX recent office notes demonstrate no objective evidence of radicular symptoms involving the upper extremities. This patient has had no documented improvement in XXXX cervical spine condition with prior physical therapy. The request for physical therapy is not medically necessary.

Per ODG:

### **ODG Physical Therapy Guidelines –**

Allow for fading of treatment frequency (from up to 3 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".

#### **Cervicalgia (neck pain); Cervical spondylosis:**

9 visits over 8 weeks

*Sprains and strains of neck:*

10 visits over 8 weeks

#### **Displacement of cervical intervertebral disc:**

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 (fusion, after graft maturity): 24 visits over 16 weeks

**Degeneration of cervical intervertebral disc:**

10-12 visits over 8 weeks

See 722.0 for post-surgical visits

**Brachia neuritis or radiculitis NOS:**

12 visits over 10 weeks

See 722.0 for post-surgical visits

**Post Laminectomy Syndrome:**

10 visits over 6 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

**Work conditioning** (See also [Procedure Summary](#) entry):

10 visits over 4 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 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)