

# Becket Systems

An Independent Review Organization

815-A Brazos St #499

Austin, TX 78701

Phone: (512) 553-0360

Fax: (512) 366-9749

Email: [manager@becketsystems.com](mailto:manager@becketsystems.com)

## Review Outcome

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

Additional Physical Therapy for 8 Sessions (2 times a week for 4 weeks) for the Low

97110 x 8 – Therapeutic procedure, 1 or more areas, each 15 minutes

97112 x 8 – Therapeutic procedure, 1 or more areas, each 15 minutes

97140 x 8 – Physical Medicine and Rehabilitation Therapeutic Procedures

97010 x 8 – Application of a modality to 1 or more areas

97014 x 8 – Application of a modality to 1 or more areas

G0283 x 8 – Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

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

Board Certified PM&R

### **Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☐ Overturned (Disagree)
- ☒ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

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

XX is a XX who was diagnosed with low back pain (M54.5). XX sustained a work-related injury on XX due to a falling incident.

On XX, XX was seen at XX for low back pain, right greater than left. XX noticed some improvement in XX low back pain as it was not hurting as frequently. XX continued to have 6-7/10 pain intensity when it did hurt. XX had to travel a lot for XX work that further increased XX pain. XX also woke up in the middle of the night with the low back pain. The pain did interfere with sleep, work, reaching, exercise, flying / travel, sitting (30-40 min) / driving, bending forward, yard work, and lifting suitcase. XX exhibited improvement with lumbar active range of motion, hamstring stability and hip core strength but continued to report a 6-7/10 pain level in the lower back. XX had difficulty with certain tasks including sleeping, bending forward, lifting and sitting to travel for work.

The treatment to date included medications (XX, XX, and XX), a brace, home exercise program, injections, and physical therapy.

X-rays and MRI were negative for fractures but it showed bulging discs.

Per a peer review dated XX and utilization review decision letter dated XX, the requested services were denied. The primary reason for determination was the requested services did not meet the established standard of medical necessary. XX had extensive prior treatment (XX documented sessions), seemingly in excess of the nine to 10 sessions' course recommended in the Officially Disability Guidelines (ODG), Chronic Pain Chapter Physical Therapy Guidelines. ODG further stipulated that the frequency of the treatment would be appropriately tapered or faded over time, as XX transition to self-directed home-based physical medicine noted in its Chronic Pain Chapter functional improvement measures topic that functional improvement measured would be invoked

repeatedly over the course of treatment so as to demonstrate progress in terms of return to functionality and so as to justify further use of ongoing treatment methods. Hence, the request was not medically necessary at the time.

Per a peer review dated XX and a utilization review decision letter dated XX, the prior decision was upheld. XX had extensive prior treatment (XX documented sessions), seemingly in excess of the nine to 10 sessions' course recommended in Officially Disability Guidelines (ODG), Chronic Pain Chapter Physical Therapy Guidelines for myalgias and myositis of various body parties, i.e., the diagnoses reportedly present there. ODG further stipulated that the frequency of treatment would be appropriately tapered or faded over time, as XX transitioned to self-directed home-based physical medicine and noted in its Chronic Pain Chapter Functional Improvement Measures topic that functional improvement measures would be invoked repeatedly over the course of treatment so as to demonstrate progress in terms of return to functionality and so as to justify further use of ongoing treatment methods. Therefore, the request was not medically necessary.

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

Based on the clinical information provided, the request for Additional Physical Therapy for 8 Sessions (2 times a week for 4 weeks) for the Low 97110 x 8 – Therapeutic procedure, 1 or more areas, each 15 minutes, 97112 x 8 – Therapeutic procedure, 1 or more areas, each 15 minutes, 97140 x 8 – Physical Medicine and Rehabilitation Therapeutic Procedures, 97010 x 8 – Application of a modality to 1 or more areas, 97014 x 8 – Application of a modality to 1 or more areas, G0283 x 8 – Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care is not recommended as medically necessary, and the previous denials are upheld. Per a peer review dated XX and utilization review decision letter dated XX, the requested services were denied. The primary reason for determination was the requested services did not meet the established standard of medical necessary. XX had extensive prior treatment (XX documented sessions), seemingly in excess of the nine to 10 sessions' course recommended in the Officially Disability Guidelines (ODG), Chronic Pain Chapter Physical Therapy Guidelines. ODG further stipulated that the frequency of the treatment would be appropriately tapered or faded over time, XX transition to self-directed home-based physical medicine noted in its Chronic Pain Chapter functional improvement measures topic that functional improvement measured would be invoked repeatedly over the course of treatment so as to demonstrate progress in terms of return to functionality and so as to justify further use of ongoing treatment methods. Hence, the request was not medically necessary at the time. Per a peer review dated XX and a utilization review decision letter dated XX, the prior decision was upheld. XX had extensive prior treatment (20 documented sessions), seemingly in excess of the nine to 10 sessions' course recommended in Officially Disability Guidelines (ODG), Chronic Pain Chapter Physical Therapy Guidelines for myalgias and myositis of various body parties, i.e., the diagnoses reportedly present there. ODG further stipulated that the frequency of treatment would be appropriately tapered or faded over time, as XX transitioned to self-directed home-based physical medicine and noted in its Chronic Pain Chapter Functional Improvement Measures topic that functional improvement measures would be invoked repeatedly over the course of treatment so as to demonstrate progress in terms of return to functionality and so as to justify further use of ongoing treatment methods. Therefore, the request was not medically necessary. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient has completed approximately XX sessions to date. Current evidence based 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. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Given the documentation available, the requested service(s) is considered not medically necessary.

***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
- ☐ AHRQ-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
 

***Physical Therapy:** Recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain.  
See also [Exercise](#).*

*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.*

**Lumbar sprains and strains:**  
*10 visits over 8 weeks*

***Exercise:** Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended.*
- ☐ 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)

### Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
 Chief Clerk of Proceedings Texas Department of Insurance  
 Division of Workers' Compensation P. O. Box 17787  
 Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.