

INDEPENDENT REVIEW INCORPORATED



SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification & QA
Division (HWCN) MC 103-5A
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Injury 1 Treatment Center
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Old Republic Insurance
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02/05/07

RE: IRO Case #: M2.07.0746.00
Name: _____
Coverage Type: Workers' Compensation Health Care - Non-network
Type of Review:
 Preauthorization
 Concurrent Review
 Retrospective Review
Prevailing Party:
 Requestor
 Carrier

Independent Review, Inc. (IRI) has been certified, IRO Certificate #5055, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to IRI for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

IRI has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, IRI reviewed the medical records and documentation provided to IRI by involved parties.

This case was reviewed by a D.O., Fellowship Trained in Pain Medicine, ABA, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, TWCC Approved Doctor List Level 1. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured



employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of IRI, I certify that:

1. there is no known conflict between the reviewer, IRI and/or any officer/employee of IRI with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on 02/05/07.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Jeff Cunningham, D.C.
Director of Operations

REVIEWER REPORT

DATE OF REVIEW: 02/04/07

IRO CASE #: M2-07-0746-01

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:



Preauthorization request for physical therapy 3 times per week for 3 weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Fellowship Trained in Pain Medicine, ABA, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, DWC Approved Doctor List Level 1

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

There is no medical reason nor necessity for physical therapy 3 times per week for 3 weeks as related this claimant’s alleged work injury of 08/25/06.

INFORMATION PROVIDED FOR REVIEW:

1. Medical records of Dr. Crockett
2. Behavioral medicine consultation
3. Lumbar and left knee x-rays and MRI reports
4. Physical therapy progress notes
5. Orthopedic evaluation

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured on 08/___/06 while picking up some metal to place on a forklift. He developed lumbar pain radiating into his scrotum. However, apparently he was not seen by any physician until approximately 1 month later when, on 09/22/06, he was evaluated and his complaint of lumbar pain only was documented, as well as a past medical history of diabetes. Physical examination documented nonspecific spasm and tenderness in the lumbar spine with nonspecific decrease in range of motion. The

claimant was started on physical therapy and prescribed Tramadol and Flexeril. The pain diagram completed by the claimant on that visit indicated bilateral lumbar pain only. The patient was referred for psychological evaluation and testing, as well as for individual counseling. Even though the claimant’s complaint was only of lumbar pain, the doctor filled out the DWC-73 form to include diagnoses of lumbar displaced disc and left knee internal derangement.

A lumbar MRI scan on 09/27/06 demonstrated a chronic right L5 pars defect but no spondylolisthesis. There was no disc or nerve root pathology or any spinal stenosis

whatsoever. The claimant was initially evaluated for physical therapy on 09/29/06 with a pain level of 8/10. The pain diagram filled out on that date indicated bilateral lumbar pain radiating to the right buttock only. Physical therapy was recommended 3 times a week for 6 weeks including passive modalities, electrical stimulation, massage, and therapeutic exercise. One week later, the claimant was seen for a behavioral medicine consultation, even though there was no report of the claimant having psychological distress in the initial evaluation. The behavioral consultation indicated that the claimant was being referred to "assess suitability for some level of behavioral health care" with no specific plans documented. The claimant's complaint was listed as being low back only. He indicated a level of no more than 2/10-4/10 in irritability, frustration, family discord, vocational distress, nervousness, and sadness, and sleep disturbance was said to be only 1/10. Screening tests indicated results indicative of minimal depression and mild anxiety only. Based upon these results, it was recommended that the claimant undergo individual psychotherapy for a "minimum" of 6 weeks. Interestingly, the notes provided with the behavioral consultation and psychological testing documented that the claimant "had trouble reading and understand some concepts in both English and Spanish and cannot write in either language." Therefore, the results of this psychological evaluation are, in this reviewer's opinion, quite suspect regarding validity.

Physical therapy was then approved for 3 times per week for 4 weeks instead of the original 6-week request. Physical therapy began on 10/09/06 with the claimant complaining of lumbar pain only with a pain level of 5/10. On 10/11/06, in his second session of physical therapy, the claimant began to complain of left knee pain. He was seen by the doctor on that date who documented nonspecific decreased range of motion of the left knee with a mild effusion. An x-ray was ordered of the left knee on 10/13/06, which was entirely normal. Requests for 6 weeks of individual psychotherapy was then reviewed by a physician adviser and denied on 10/19/06. The claimant then completed physical therapy sessions 3 through 8 between 10/13/06 and 10/25/06, continuing to report identical pain levels of 5/10-6/10 on each visit. On 10/25/06 the doctor followed up with the claimant, noting improvement in the left knee, recommending neurosurgical evaluation for the ongoing back pain. Three more physical therapy sessions were then completed on 11/03/06 for a total of 11, with the claimant still complaining of back pain level 6/10 and knee pain level 7/10. In other words, there was no change in pain complaint despite physical therapy for 4 weeks. Physical therapy 3 times a week for 3 more weeks was recommended on 11/08/06.

An appeal for individual psychotherapy was appropriately reviewed and denied on 11/13/06. An additional 9 sessions of physical therapy was appropriately reviewed and denied on 11/15/06. An MRI scan of the left knee was performed on 11/28/06 and demonstrated mild degeneration of the medial meniscus, calcification of the lateral tibial plateau, and minimal edema in the anterolateral knee. An appeal for 9 more sessions of physical therapy was appropriately reviewed and then denied on 12/12/06. The claimant was referred for spinal and orthopedic evaluation on 12/14/06. The orthopedist noted that the claimant's pain diagram was isolated to the low back with numbness in the RIGHT

lateral thigh. No mention was made of the claimant having pain in the left knee on the pain diagram. Physical examination documented essentially entirely normal findings. There was negative straight leg raising and negative sacroiliac test. Reflexes, sensation, and strength were entirely normal throughout both lower extremities. The left knee exam revealed full flexion and extension of the knee with no tenderness and negative McMurray's test for medial or lateral discomfort. The anterior and posterior cruciate ligaments were said to be intact, and there was no effusion and no pain with patellar compression. The orthopedist recommended that a CT scan of the lumbar spine be performed to further evaluate the previously identified left L5 pars defect. On 01/03/07, the treating doctor followed up with the claimant, now changing his medication to Vicodin and Robaxin, recommending whole body bone scan and lumbar CT scan. After appropriate physician review, the whole body bone scan was not approved, although the lumbar CT scan was to "fully evaluate the lumbar spine bony anatomy."

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

This claimant has completed 12 sessions of physical therapy for an alleged work injury that amounts to nothing more than a mild lumbosacral strain event. Although he has clear evidence of chronic and, therefore, pre-existing pars defect, the medical necessity for physical therapy must be evaluated based upon the work injury and not upon the underlying pre-existing spinal abnormality. Twelve sessions of physical therapy is more than sufficient for treatment of a mild lumbosacral strain event. Moreover, given the complete lack of meaningful clinical benefit from 12 sessions of physical therapy as well as the onset of left knee pain caused by that therapy, despite the absence of any objective evidence of identifiable pathology involving the left knee, there is clearly no medical reason or necessity for the claimant to undergo even more physical therapy. Any medical necessity for further evaluation or treatment of the claimant's lumbar pain and, in my opinion, its relationship to solely to the pre-existing non-compensable chronic pars defect, is not medically reasonable or necessary as related to the alleged work injury. Therefore, any further requests for treatment of this claimant's ongoing lumbar pain, in

my opinion, are not the responsibility of the carrier, as they are not medically reasonable and necessary as related to the work event in light of the MRI evidence of chronic L5 pars defect, a clearly pre-existing and unrelated condition. In general, there is also no medical reason or necessity for the continuation or repeating of ineffective medical treatment such as the physical therapy that has already been performed in this case.

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

(Check any of the following that were used in the course of your review.)

_____ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.

_____AHCPR-Agency for Healthcare Research & Quality Guidelines.

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- _____ DWC-Division of Workers' Compensation Policies or Guidelines.
- _____ European Guidelines for Management of Chronic Low Back Pain.
- _____ Interqual Criteria.
- XX 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 national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)