



Medical Review Institute of America, Inc.
America's External Review Network

December 18, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-07-0352-01

CLIENT TRACKING NUMBER: M2-07-0352-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Records Received:

Records Received from the State:

Notification of IRO assignment and associated documents 11/15/06 5 pages

Denial notification letters; 9/14/06, 9/29/06, 10/18/06 2 pages

Report MRI lumbar spine 8/23/06 1 page

Office notes; 9/7/06, 9/21/06 2 pages

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

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Records received from the respondent:

Employers first report of injury 8/3/06 1 page
Authorization approval letter 8/14/06 1 page
Work status report 9/7/06 1 page
Request to change treating doctors 9/21/06 1 page
Denial letter dated 9/29/06 1 page
Statement of pharmacy services 10/29/06 1 page
Initial eval 7/31/06 2 pages
Follow up visit notes; 8/18/06, 9/1/06, 9/7/06, 9/14/06 4 pages
Daily therapy treatment note 8/25/06 1 page
Therapy flow sheet; 8/14/06–8/25/06 1 page
Plan of care 8/24/06 1 page
PT prescription 9/21/06 1 page
Initial PT eval 9/22/06 4 pages
PT treatment note 9/22/06 1 page
EDX consultation 9/29/06 3 pages
Follow up office visit note 10/4/06 1 page
FCE report 10/14/06 7 pages
Procedure note 11/2/06 1 page

Records received from Dr. Michael Dennis

Office visit note for date of service 9/6/06 3 pages
Follow up note dated 10/25/06 1 page

Summary of Treatment/Case History:

The patient is a 33-year-old male with a work related injury secondary to a fall on _____. This resulted in the patient having low back pain. The initial diagnosis was apparently a lumbar strain and the patient was authorized for 6 therapy sessions. The patient was given pain medication prescriptions and had the physical therapy. When seen in follow up on 8/18 the patient was having back and left leg pain with a positive straight leg raise. No neuromuscular exam was documented. An MRI was ordered and was done on 8/23/06. It demonstrated disc bulging at L4–5 and disc herniation at L5–S1 with left S1 nerve root impingement and spinal stenosis. The 8/25 therapy note indicated the pain was no longer radiating down the left leg. The physician follow up note of 9/7 indicated improvement in the low back pain and the patient was released for light duty work. However, when seen again on 9/14/06 he was again complaining of significant low back pain especially with extension. AN EDX study was done on 9/29/06 and was abnormal with L5–S1 changes. An FCE was done on 10/14/06 and indicated that the patient was limited to light duty work level. The patient continued to have pain and an epidural steroid injection was done on 11/2/06. No subsequent documentation.

There has been a request for an additional 9 therapy sessions, which have previously been denied authorization. The decision is being appealed.

Questions for Review:

Item(s) in dispute: Pre-Authorization request for Physical Therapy 3 times a week for 3 weeks.
Medical necessity

Explanation of Findings:

This patient had a work related back injury secondary to a fall. The patient had some initial improvement from therapy but then recurrent pain. The patient has back and left leg pain. There is a 4mm disc herniation at L5-S1 with impingement on the S1 nerve root. There is an abnormal EMG with changes in the L5-S1 muscles. The exams indicate weakness either in the extensor hallucis longus or ankle plantar flexors. The patient has complaints of numbness in the foot. These findings all indicate an LS radiculopathy. The patient did have an epidural steroid injection done on 11/2/06. The results of the procedure are not documented. The patient would like to have surgery done. The therapy request is for 9 sessions of therapy to include exercises, electrical stimulation, massage, and instruction in a home exercise program, per PT eval of 9/22/06.

A generally accepted treatment duration for the initial treatment of this patient's injury would be 6-12 sessions. While there may have been some initial improvement, this did not persist. At this point in time the patient has a demonstrated radiculopathy and herniated disc. He has undergone an epidural steroid injection. His present status is unknown.

At this point in time, medical necessity for the additional requested 9 therapy sessions has not been established. There is no literature support for any further passive modalities such as the electrical stimulation, ultrasound or massage as none of these have been demonstrated to be beneficial or efficacious in improving radiculopathy or herniated discs. The patient has already been instructed in his home exercise program. If the patient has not improved with his ESI, he apparently wants to go ahead with surgery. Therefore, no necessity for therapy in this case until post operatively. If there is improvement, then the patient may not require any additional treatment and would be able to continue with his home program. The literature does indicate efficacy of short-term therapy programs for back pain. It also indicates similar efficacy for surgical intervention and non-surgical management but probably better pain relief in the first few years. Therefore, the documentation does not support the medical necessity for the requested 9 therapy sessions at this time.

Conclusion/Decision to Not Certify:

Item(s) in dispute: Pre-Authorization request for Physical Therapy 3 times a week for 3 weeks.
Medical necessity

Medical necessity for the requested 9 therapy sessions at this time is not established by the documentation.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

Clinical review
Medline search

References Used in Support of Decision:

Systematic review: strategies for using exercise therapy to improve outcomes in chronic low back pain. *Annals of Internal Medicine* 2005;142(9): 776–85.
Mini-intervention for subacute low back pain: two-year follow-up and modifiers of effectiveness. *Spine* 2004;29(10): 1069–76
Long-term outcomes of surgical and nonsurgical management of sciatica secondary to a lumbar disc herniation: 10 year results from the Maine lumbar spine study
Surgical and nonsurgical management of sciatica secondary to a lumbar disc herniation: five-year outcomes from the Maine Lumbar Spine Study. *Spine*. 2001 May 15;26(10): 1179–87
Electrical stimulation. CIM Manual section 35–46

This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in practice since 1978.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to

District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings /
Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 18 day of Dec/2006.

Raquel Goodbeau

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal

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agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Raquel G ext 518

cc: Requestor and Respondent