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DATE OF REVIEW: 1/8/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Eighteen (18) post-operative physical therapy visits.

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

M.D., Board Certified in Physical Medicine and Rehabilitation with sub-specialty certification in Pain Medicine.

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)

I have determined that the request for 18 post-operative physical therapy visits are not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX who sustained an injury on XXXX. The mechanism of injury is described as XXXXX. The patient underwent right L5-S1 laminectomy, medial facetectomy and foraminotomy with discectomy on XXXX. The office visit dated XXXX notes that the patient presented six weeks post surgery. The patient reported significant low back pain with radicular symptoms. The patient's pain was noted to be worse with sleeping and lying down. The patient's medications include Norco and Robaxin. The patient was recommended for physical therapy for treatment of the lumbar spine to help increase ambulation and mobilization. The patient has requested authorization and coverage for 18 post-operative physical therapy visits. The Health Plan has denied this request as not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The Official Disability Guidelines (ODG) recommend 16 post-operative physical therapy visits over eight weeks following discectomy/laminectomy. The documentation submitted for review indicates the patient underwent a L5-S1 laminectomy, medial facetectomy and foraminotomy with discectomy on

XXXX. The XXXX office visit indicates that the patient was to start physical therapy. However, it is unclear how many total number physical therapy visits the patient has attended following surgery. In addition, there is a lack of documentation describing the patient's objective functional improvement with previous physical therapy. Therefore, based on the clinical documentation submitted for review 18 post-operative physical therapy visits is not supported as medically necessary for treatment of the patient's medical condition.

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 KNOWLEDGEBASE**
- ☐ **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 JUDGMENT, 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)**