



Notice of Independent Review Decision

IRO Reviewer Report

Date Notice Sent to All Parties: X

IRO Case #: X

Description of the service or services in dispute: X

A description of the qualifications for each physician or other health care provider who reviewed the decision: X

Review Outcome: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Physical therapy for the lumbar spine does not meet established standards of medical necessity.

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

X with a diagnosis of X neck pain and X back pain. The request for the coverage of X for the lumbar spine.

The request was previously denied stating: the ODG supports X. The case notes show that the member had X for the lumbar spine. There is no evidence that the member has had any new injury or procedure on the back. At this point, the member should be utilizing a home exercise program. Therefore, X for lumbar strain and sprain is excessive. This request is not certified.

Analysis and explanation of the decision include clinical basis, findings, and conclusions used to support the decision:

The member showed improvement with X. Having more sessions with the physical therapist versus at home is not going to change the outcome. Per ODG physical therapy (PT) guideline recommendations, the member should exercise at home and return to activities to achieve the best long-term outcome. X over X are recommended for lumbar sprains and strains.

The member already had more than the recommended X sessions. The member should be able to continue with the exercises at home. The record does not show any evidence that the member is not competent to perform exercises at home.

Therefore, the request for the coverage of X for the lumbar spine does not meet established standards of medical necessity.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG- Official Disability Guidelines & Treatment Guidelines