

DATE OF REVIEW: 4/5/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Preauthorization for manual therapy technique, manual electrical stimulation, ultrasound and manipulation from 2/12/07-3/2/07.

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

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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>Primary Diag Code</i>	<i>Service Being Denied</i>	<i>Type Review</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold/ Overturned</i>
97032	97140	Prospective	2/12/07-3/2/07				Overturned
97032	97032	Prospective	2/12/07-3/2/07				Overturned
97032	97035	Prospective	2/12/07-3/2/07				Overturned
97032	98940	prospective	2/12/07-3/2/07				Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review Forms – 3/21/07
2. Determination Notices – 2/28/07, 3/9/07
3. Chiropractic Clinic Invoice of Services – 2/12/07-3/20/07
4. Chiropractic Clinic Records and Correspondence – 2/13/07-3/1/07

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury. Records indicate that while moving a piano at work, he injured his back and was unable to straighten up. Diagnoses have included closed dislocation lumbar vertebra, closed dislocated sacrum, closed dislocated pelvis, lumbar facet syndrome, muscle spasms, and lumbar sprain/strain. Evaluation and treatment for this injury has included chiropractic treatment.

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

This man suffered an acute injury to his low back which involved soft tissue and joints. He was treated with acute care modalities and manipulation. A treatment plan of 12 visits is the standard of care for treatment of this type condition. The patient showed steady progress during this time frame with his ability to do more activity and his pain level decreasing. He was able to return to work without restrictions later in March 2007. He was returning to work after 9 of the 12 treatments. The plan of care, his response to care and the type of care given all fall within the accepted guidelines of an acute injury and therefore are medically reasonable and necessary.

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 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**