



## REVIEWER'S REPORT

**DATE OF REVIEW:** 4/3/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

10 chiropractic office visits to include TENS, ultrasound, therapeutic exercise along with manipulation.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Chiropractor licensed in the state of Texas with special qualifications in pain management.

**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)

**INFORMATION PROVIDED FOR REVIEW**

1. SOAP notes indicating 11 chiropractic office visits through March 5, 2007
2. Initial examination of January 2, 2007
3. Letter of recommendation from DC, requesting additional therapy
4. MRI of the cervical lumbar spines dated February 16, 2007
5. Letter of explanation/summary from dated March 14, 2007
6. URA recommendation, February 20, 2007
7. Email of DC declining the care dated February 20, 2007
8. URA recommendation to decline care by Dr. on March 2, 2007

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient was injured while working as a special education teacher in,. She was attempting to restrain a student and had a sudden onset of pain in the neck and

low back. She has received 11 visits to her treating doctor which records indicate have given the patient an increased ROM and some relief from the pain. The patient had MRI's of the neck and low back. The cervical MRI indicated early degeneration but no acute injury to the spine. The lumbar MRI was notable for a bulge at the L1/2 level along with degenerative space narrowing and a disc bulge and mild canal narrowing at L2/3. The remainder of the lumbar spine demonstrates desiccation and minimal bulging. The patient has been treated with conservative care to include muscle stimulation, ultrasound, manipulative therapy, thermal packs and active therapy.

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

The patient has responded to the care rendered and the treating doctor has been very conservative in the treatment plan. It is significant that there has been increased ROM in the patient during the treatment plan and subjective pain has improved, as well. However, passive treatment is not likely to be effective at this point in time and studies have demonstrated that it is more appropriate to keep the patient active during the healing process. I recommend that this patient be treated with chiropractic manipulation and active exercise therapy for the 10 visits requested by the treating provider.

**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.
- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)