



REVIEWER'S REPORT

DATE OF REVIEW: 4/8/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

2 weeks of massage therapy and therapeutic exercises

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. Spine and Rehab response letter, March 23, 2007
2. Office note of MD, dated February 6, 2007
3. MRI of lumbar spine dated May 9, 2006
4. EMG by MD dated June 23, 2006
5. URA denials dated 2/20/07 and 3/9/07
6. URA denials, April 11 and April 25, 2006
7. RME by MD
8. Designated doctor evaluation, MD, January 30, 2007
9. Office notes of Spine and Rehab, various dates through March 2, 2007

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient was injured on his job as a custodian when he slipped and fell in water, causing serious pain to his low back. He was treated with physical medicine and later

referred to MD, who suggested on that the patient undergo EMG and MRI. Both had been performed in 2006. The MRI revealed a bulge at L3 and L4 which mildly effaces the thecal sac and there is no stenosis. The EMG indicates evidence of a L5 radiculopathy, although it is not defined as to what evidence the doctor discovered. There was no report of findings with the EMG.

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

There is no indication that physical medicine will help this patient return to work at this point. While there is some mention in the records of the patient being a surgical candidate, no analysis of what part of the spine would be surgical or why such surgery would be performed. This patient was found to be at MMI by the designated doctor, with 5% impairment and there is no indication that this patient is in need of further care. The URA reviewer, Dr. indicated that the patient should be on a home exercise program, which he refers to as a HEP, but there is no scientific validation of the effectiveness of these programs. The compliance is poor and such a recommendation is not a medical treatment, but rather a release from care of the treating doctor. If the patient wishes to exercise, it is not a bad idea but that is not a substitute for necessary medical care. It just so happens that physical medicine in this case is not warranted.

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.)