

IRO REVIEWER REPORT - WC

DATE OF REVIEW: 04-02-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Post-injection physical medicine 3 times / week for 2 weeks = Total 6 sessions
CPT codes: 97110 therapeutic Exercise (2-3-units)
97124 Massage
97112 Neuromuscular Re-education

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

Doctor of Chiropractic
Qualified Medical Examiner

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld Overturn
		Retrospective	729.1	97110	Upheld
		Retrospective	729.1	97112	Upheld
		Retrospective	840.4	97124	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request for preauthorization / precertification
Physician prescription for post injection physical medicine dated 11-21-06
Pre-authorization Determination (Denied) dated 12-07-06 and 12-21-06
Procedure Report of 11-15-06
Peer Review of 10-04-06
Precert Print Out Notes 12-5-06 and 12-19-06
Physician Report dated 12-20-06

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant's work injury resulted from a rear end auto accident dated xx-xx-xx. MRI was performed on same day for the brain, shoulder, cervical, and lumbar spine. Imaging for the brain was normal. The cervical spine reported mild to moderate disc protrusion at C3-4 and C7-T1 with foraminal narrowing at C3-4 on the left. For the lumbar spine noted multiple protrusions from L2 through S1 with foraminal narrowing bilaterally at L5-S1. The MRI of the right shoulder reported as possible small SLAP tear and tear of the supraspinatus.

Other diagnostic testing included an EMG, which noted mild radiculopathy at L4-5 and L5-Si bilaterally.

A RME was performed on 03-08-06. Neurological testing for the upper and lower extremities was reported as normal. This examination also reported evidence of an impingement syndrome for the right shoulder. Possible surgery was noted for the right shoulder and a neurosurgical evaluation was recommended.

Surgery was performed on the right shoulder on 03-30-06 and an arthrogram was performed on the sacroiliac joints bilaterally on 11-15-06. Otherwise treatment to date has consisted of 30 sessions of chiropractic care / physical therapy and work hardening.

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

The records provided do not include any ongoing evidence of objective clinical information or findings of an aggravation, flare-up or clearly identifiable physical barrier that might justify the need for further treatment. In the absence of meaningful medical records and objective findings, additional or prolonged chiropractic care and physical therapy cannot be considered reasonable or necessary. Further more, ACOEM Guidelines (pg. 43-45, 90-92, 113-115, 166, 174, 175, 182, 188, 299-301, 315) and the Official Disability Guidelines 10th

Edition, state that if an individual's progress is not in relation to the extent or duration of the chiropractic or physical therapy services provided to achieve such progress or restoration, then those services are not considered reasonable or necessary.

With respect to ongoing treatment of the neck, upper back and low back with manipulation. ACOEM Guidelines Chapter 8 and 12 reports the following on the ongoing use of this form of treatment.

- Using cervical manipulation may be an option for patients with occupationally related neck pain or cervicogenic headache. Consistent with application of any passive manual approach in injury care, it is reasonable to incorporate it within the context of functional restoration rather than for pain control alone. There is insufficient evidence to support manipulation of patients with cervical radiculopathy.
- Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. Of note is that most studies of manipulation have compared it with interventions other than therapeutic exercise, hence its value as compared with active, rather than passive, therapeutic options is unclear. Nonetheless, in the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient re-evaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved.
- ODG Guidelines also report that though chiropractic care for the low back is an option, it generally is most effective in the first weeks of care. Studies for chiropractic care for chronic case is not proven by multiple high quality studies.
- ODG Guidelines also states that manipulation is recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient re-evaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. While not proven by multiple high quality studies, a trial of manipulation for patients with radiculopathy may also be an option, when radiculopathy is not progressive, and studies support its safety. As with any conservative intervention in the absence of definitive high quality evidence, careful attention to the patient response to treatment is critical. Many passive and palliative interventions can provide relief in the short

term by may risk treatment dependence without meaningful long-term benefit. Such interventions should be utilized to the extent they are aimed at facilitating return to normal functional activities, particularly work.

It is evident from these guidelines that any benefit for this industrial injury that spinal manipulation provided has long since past and any ongoing care by these means cannot be considered reasonable or necessary as a means to cure or relieve the injury of xx-xx-xx.

With respect to treatment with physical therapy modalities, ACOEM Guidelines Chapter 8 and 12 reports the following.

- There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis by should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living.
- The Philadelphia Panel on EBCPG (Evidence Based Clinical Practice Guideline) conducted an exhaustive search of the literature and found little to no benefit from the use of passive modalities such as electrical muscle stimulation, massage and ultrasound.

In light of the above Guidelines, any benefit that may have been derived by treatment with these passive modalities has long since past and any ongoing care by these means cannot be considered reasonable or 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)**