



## IMED, INC.

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**DATE OF REVIEW:** 12/17/07

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Therapy to the lumbar spine.

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

Texas License  
Chiropractor  
Diplomate of the American Association of Quality Assurance & Utilization Review Physicians  
Diplomate of the American Academy of Pain Management  
Certified by the American Academy of Disability Evaluating Physicians  
Fellow of the American Back Society

### **REVIEW OUTCOME**

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

Denial Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Initial narrative of 08/16/07.
2. peer review and/or preauthorization reports x 3 dated 11/01/07, 11/09/07, & 11/13/07.
3. 11/12/07 – Chiropractic reevaluation narrative.
4. ***Official Disability Guidelines.***

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The employee sustained an occupational injury. The employee was a 6 foot tall 185 pound year old male, who was involved in a motor vehicle accident. The employee was a passenger in a truck and was struck from behind.

There was no indication as to the vehicular damage, but there was mention that one other employee was in the truck, the driver. There was no mention as to whether or not the driver was injured during this occupational incident.

Nevertheless, the employee had subjective complaints of burning severe pain from the neck to the lumbar spine. It was mentioned that "he has never experienced this type of injury before". The employee had aching and numbing type pain which was constant and did not relieve with body changes. The pain was listed as 9/10 and radiating down both legs bilaterally.

Chiropractic care ensued, and by 11/01/07, a preauthorization request was received for ongoing physical therapy. The physical therapy was now mentioned for the lumbar spine and lower extremities only. The preauthorization request was denied for ongoing physical therapy stating that work status was not presented, and that there was an absence of measured objective progress to support necessity of ongoing care. Multiple guidelines were cited.

It appears that the local chiropractic office had appealed this decision, and the appeals were also denied.

A reevaluation was provided by the chiropractic office with a date of 11/12/07. This reevaluation stated that the employee had only received treatment to the cervical spine during the initial three months of care, and that between the timeframe of the initial denial and the date of 11/12/07, the employee had deteriorated due to a lack of therapy approval.

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

The lumbar spine physical therapy was denied in November, 2007, some months post injury. The chiropractor stated that he had not provided any care to the lumbar spine during the first three months of treatment, and that was why he was recommending additional physical therapy at that time. However, it was mentioned during the reports that non-treatment to the lumbar spine would be contrary to care for a soft tissue injury post sprain/strain. Regardless, it was mentioned that evidence-based treatment guidelines for the employee would appear to suggest that he should be able to transition to self-care and home exercise programs.

These prior recommendations are upheld. It is unbelievable that a physician of any sort would only direct treatment to one specific injured area, in this case the neck, without addressing other areas. Furthermore, the physical therapy request would be regardless of the specific location since multiple locations of passive and/or active physical therapy are combined within the treatment code. Physicians are not allowed to bill for separate areas so it is irrelevant what physical therapy area was approved.

Based upon the **Official Disability Guidelines**, whether this employee had treatment to the cervical spine or lumbar spine only ten visits over eight weeks is allowable. There is no change for combination of care. The lumbar spine and the cervical spine should have treated at the same time, and it is unbelievable that they were not.

However, if as the chiropractor suggests that he did not provide any care to the lumbar spine for up to three months, then it would be impossible to relate the current request for care to the occupational incident in question. Regardless of any of the above assertions, the original denial of care is upheld. The **Official Disability Guidelines** do not support ongoing care, and the records do not support the necessity of ongoing care.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**