

Clear Resolutions Inc.

An Independent Review Organization

7301 Ranch Rd 620 N, Suite 155-199

Austin, TX 78726

Fax: 512-519-7316

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 22, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MUA of the spine x4 with post procedure rehabilitation

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

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

The reviewer agrees with the determination of the insurance company that MUA of the spine x4 with post procedure rehabilitation is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/16/07, 12/3/07

ODG Guidelines and Treatment Guidelines

D.C., 11/13/07

Clinic, 10/24/06, 9/6/07, 11/19/07

MD, 4/4/07, 4/11/07, 4/16/07, 6/4/07, 6/5/07, 6/11/07, 6/18/07, 6/25/07, 6/27/07, 7/5/07, 7/6/07, 7/9/07, 7/16/07, 7/25/07, 7/31/07, 8/6/07,

8/7/07, 8/8/07, 8/13/07, 8/20/07, 8/22/07, 8/27/07, 8/29/07, 9/4/07, 9/5/07,

9/10/07, 9/11/07, 9/12/07, 9/17/07, 9/19/07, 9/24/07, 9/26/07, 10/1/07, 10/2/07,

10/3/07, 10/10/07, 10/11/07, 10/16/07, 10/18/07, 10/23/07, 10/24/07, 10/29/07,

11/5/07, 11/1/07, 11/19/07

MD, 7/25/06

MD, 1/31/06, 2/3/06, 4/18/06, 4/25/06, 5/2/06, 5/9/06, 5/24/06, 5/30/06,

MD, 5/16/06

MD, FACS, 12/19/06, 4/2/07

MD, 1/31/06, 5/30/06, 6/6/06, 6/13/06, 7/10/06, 7/11/06, 7/30/06, 8/8/06,

8/15/06, 9/5/06, 9/27/06, 10/24/06, 12/5/06, 12/6/06,

MD, 6/12/06, 6/29/06, 7/10/06

MD, 2/27/07

MD, 11/1/06

MR Lumbar Spine, 5/17/06

Lumbar Spine MRI without contrast, 3/1/07

FCE Summary, 10/10/07, 8/29/07

PhD, 4/2/07, 4/3/07, 4/25/07, 5/23/07, 6/19/07, 7/16/07

PT, 2/1/06, 2/2/06, 2/3/06, 2/16/06, 2/21/06, 2/23/06, 5/15/06, 5/17/06, 5/19/06, 5/24/06

PT, 6/22/06

Lumbar ESI, 6/24/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury on xx/xx/xx, while working for the xxxxxx. The injured employee reported that the injury occurred when she was lifting a box of quarters. The injured employee was seen at and diagnosed with a lumbar strain. The injured employee was referred for an MRI of the lumbar spine, which revealed a posterior 4mm herniation. EMG/NCV study on 6-06-2006 was read as no evidence of active right lower extremity or radiculopathy. On 6-29-2006, the injured employee underwent LESI. Neurosurgeon, Dr. stated that the injured employee was not surgical on 7-25-2006.

On 11-01-2006, DDE Dr. stated that the injured employee was not at MMI and recommended additional referrals. On 3-1-2007, second MRI of the lumbar spine revealed a 2mm posterior disc protrusion at L5-S1 and facet hypertrophy bilaterally at L4-5. The injured employee had undergone bio-feed back treatment / psychological testing and has been on pharmaceuticals including Temazepam, Hydrocodone, Flexeril, Cymbalta, Xanax, Oxycotin, Lisinopril, and Restoril. The

injured employee has undergone trigger point injections. MUA of the spine has been recommended with post procedural therapy.

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

MUA of the spine x4 with post procedure rehabilitation is being recommend by DC and is currently being denied by the carrier. ODG recommendation for MUA are as follows: “Not recommended for back conditions in the absence of vertebral fracture or dislocation. In the appendicular skeleton, manipulation with the patient under anesthesia (MUA) may be performed as a treatment of arthrofibrosis, particularly of the shoulder (i.e., frozen shoulder) or knee. In the spine, manipulation under anesthesia may be performed as a closed treatment of vertebral fracture or dislocation. In the absence of vertebral fracture or dislocation, MUA, performed either with the patient sedated or under general anesthesia, is intended to overcome the conscious patient's protective reflex mechanism, which may limit the success of prior attempts of spinal manipulation or adjustment in the conscious patient. Manipulation under anesthesia (MUA) cannot be recommended at the present time. Existing studies are not high quality and the outcomes were not great, plus the procedure is expensive and has risks. There is a need for high quality studies before recommending this. ([Haldeman, 1993](#)) ([Ben-David, 1994](#)) ([Aspegren, 1997](#)) ([Palmieri, 2002](#)) ([West, 1999](#)) ([Kohlbeck, 2002](#)) ([Kohlbeck, 2005](#)) It is also not generally recommended under group health plans. ([BlueCross BlueShield, 2007](#)) ([Aetna, 2004](#)) See also the [Shoulder Chapter](#), where MUA is under consideration as an option in adhesive capsulitis.”

The reviewer is very familiar with the protocols set forth by the National Academy of MUA Physicians; however, the guidelines adopted by the state of Texas currently are the ODG and Medicare Policies/Guidelines. The rational by the carrier, BCBS, and Aetna that spinal MUA is experimental and investigational is completely incorrect as the CPT established is not in the investigational/experimental category; therefore, this service can not be excluded as investigational/experimental.

In view of the above, the procedure of MUA with post procedure rehabilitation can not be recommended as medically necessary at this time.

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)