

**IRO NOTICE OF DECISION – WC**

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Notice of Independent Review Decision

**DATE OF REVIEW:** 06-25-07

**IRO CASE #:**

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

Preauthorization for physical therapy services 2x per week for 4 weeks (8 sessions)

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

Doctor of Chiropractic

**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)

Injury Date	Claim Number	Review Type	ICD-9 DSMV	HCPCS/NDC	Upheld/Overturned
		Prospective	722.0 729.1	97110 97124 97112	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Determinations dated 05-09-07 and 05-17-07  
 Evaluations dated 11-16-06, 03-23-07, 05-01-07  
 Electrodiagnostic study dated 01-08-07  
 MRI Report 01-28-07

**PATIENT CLINICAL HISTORY:**

The claimant was injured when her neck was twisted from side to side in a bent direction. Pain was felt in the neck, which traveled down the mid back and right shoulder.

On initial evaluation of 11/16/06, the claimant was noted to have complaints of neck, mid back and right shoulder pain and stiffness. After evaluation, the recommended treatment was to consist of "physical medicine" including chiropractic manipulation of the Cervical, Thoracic and Right Shoulder regions. Treatment was to be rendered daily for one week and then three times per week for the following four weeks

On re-evaluation of 03/23/07, the claimant was reported as improved and treatment was to continue 2 times per week for four weeks.

On re-evaluation of 05/01/07, range of motion for the cervical spine was reported as improved but still limited in all planes. Again, no findings were reported for the right shoulder. Continued weakness was reported on the right at C5, but now included weakness corresponding to the C4 level. Spasm and tenderness were reported as improving. Treatment was to continue 2 times per week for four weeks.

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

With respect to ongoing treatment of the neck upper back and low back with manipulation. ACOEM Guidelines Chapt 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.

ODG Guidelines report: Recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Further, several reports have, in rare instances, linked chiropractic manipulation of the neck in patients 45 years of age and younger to dissection or occlusion of the vertebral artery. The rarity of cerebrovascular accidents makes any association unclear at this time and difficult to study. (Hurwitz, 2002) (Rothwell, 2001) (Aker, 1999) (Kjellman, 1999) (Gross-Cochrane, 2002) (Ernst, 2003) (Haas, 2003) (Giles, 2003) (Haneline, 2003) Recent studies suggests more caution concerning these risks. (Smith, 2003) (Malone, 2003) (Hurwitz, 2004) A recent Cochrane Review concluded that there was strong evidence of benefit favoring "multimodal care", and the common elements in this care strategy were mobilization and/or manipulation plus exercise. "Multimodal care" has short-term and long-term maintained benefits for subacute/chronic mechanical neck disorders with or without headache. The evidence did not favor manipulation and/or mobilization done alone or in combination with various other physical medicine agents; when compared to one another, neither was superior. There was insufficient evidence available to draw conclusions for neck disorder with radicular findings. The added benefit of exercise needs to be further explored. (Gross-Cochrane, 2004)

**Cervical Nerve Root Compression with Radiculopathy:**

Patient selection based on previous chiropractic success –

Trial of 6 visits over 2-3 weeks

With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity and gradually fade the patient into active self-directed care

It is evident from these guidelines that any benefit for this industrial injury provided from the use of spinal manipulation has long since past and the patient should have been established in a home care exercise program. Ongoing care with manipulation cannot be considered reasonable or necessary as a means to cure or relieve the injury.

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With respect to treatment with physical therapy modalities, ACOEM Guidelines Chapt 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 neuro-stimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but 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.

ODG Guidelines with respect to massage report:

Recommended as an option. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Gross-Cochrane, 2002) (Aker, 1999) (Philadelphia, 2001) (Haraldsson-Cochrane, 2004)

ODG Guidelines with respect to therapeutic exercise report:

Recommended as an option. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapist, to avoid debilitation and further restriction of motion. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004)

See also specific physical therapy modalities, as well as Exercise.

### **ODG Physical Therapy Guidelines –**

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT

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**Cervical Strain (WAD):**

10 visits over 6weeks

**Cervical Nerve Root Compression with Radiculopathy:**

Medical treatment: 10 visits over 8 weeks

In light of the above Guidelines, any benefit that may have been derived from treatment by these means has long since past and any ongoing care by these means cannot be considered reasonable or necessary.

ACOEM Guidelines (pg. 43-45, 90-92, 113-115, 166 174, 175, 182, 188, 299 - 301 315) and the Official Disability Guidelines 10<sup>th</sup> 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. The injury claimed in this case is nearly two years old. The duration of the claimant's treatment has exceeded the above noted guidelines for such care. It should also be noted that the electro-diagnostic findings for the Median Nerve noted this lesion to be at the wrist and hence cannot reasonably be considered part of the industrial injury claimed.

**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)