

C-IRO, Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW:

JULY 5, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Prolotherapy once a week for ten to twelve weeks to L4-L5-S1

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

M.D., Board Certified Orthopedic Surgeon

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Lumbar and cervical spine MRI, 01/29/07

Left knee MRI, 01/30/07

Office note, Dr. 02/07/07

Office note, Dr. 03/02/07

Office notes, Dr. 04/17/07, 04/23/07, 05/02/07, 05/04/07, 05/14/07, 05/15/07 and 05/29/07

Utilization review, Dr. 05/07/07

Letter of appeal, Dr. 05/23/07
Utilization review, Dr. 05/25/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This female fell when she was tying down merchandise on a truck and the tie strap came undone and she fell four feet from the bed of a truck. She injured her shoulders, knees and low back. MRI of the lumbar spine showed severe focal narrowing of the L5-S1 disc space with at least a mild longitudinal (AP) spinal canal stenosis in addition to posterior facet arthropathy. The claimant underwent chiropractic and physical therapy.

On 04/17/07 Dr. saw the claimant for chronic low back pain. She had tenderness along L5-S1. Straight leg raise was negative and motor/reflexes were intact. The diagnosis was severe lumbar sprain. The claimant was given an injection of triamcinolone and Lidocaine along the facet of L4, L5-S1 and the corresponding supraspinous ligaments. The claimant had some improvement and a second injection was given on 04/23/07. Prolotherapy was denied on utilization reviews of 05/07/07 and 05/25/07. At the 05/29/07 visit, Dr. documented tenderness along the L4-5 and L5-S1 and the sacrolumbar ligaments. Pain was severely aggravated with extension. Reflexes were intact and straight leg raise was negative. Dr. again recommended prolotherapy.

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

This claimant has ongoing low back pain following a lumbar strain injury. The physician has recommended once a week prolotherapy injections for 10-12 weeks noting improvement after two prior injections. However, these injections are not recommended as medically necessary. ODG guidelines state that there are conflicting studies concerning the effectiveness of prolotherapy in the low back. Lasting functional improvement has not been shown. Therefore, based on the fact that studies do not support the benefit of this treatment, prolotherapy is not recommended.

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**
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back: prolotherapy
- 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)**