

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: JUNE 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Prolotherapy once a week for 10-12 weeks.

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

MD, Board Certified in Physical Medicine and Rehabilitation

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

Letter from Texas Department of Insurance, June 08, 2007
Letter indicating the aspects of the IRO case and records from Care, June 7, 2007
Records faxed from Insurance, June 14, 2007
Request for benefit review conference report May 31, 2007
Employer's report of occupational illness or injury
TWCC form-73 February 15, 2007
Records from Dr., February 15, 2007

MRI of the lumbar spine from Center, February 13, 2007
Occupational medical care records with Dr. indicated diagnosis of lumbar spine sprain and strain
response to reconsideration, May 31, 2007
Letter of Dr. May 02, 2007
PA letter from Dr. May 24, 2007
Articles regarding prolotherapy including article by Dr.
Records of Dr., March 30, 2007
Associates, March 28, 2007

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman was employed. He is noted to be a male who claims while working on a construction as a welder's helper, his foot became caught between some debris causing him to fall on to both knees, felt a loud pop in his back, and severe onset of low back pain, and was treated initially by Dr.. Initial x-rays showed disc space narrowing at L4-L5 with L5 anterior superior endplate irregularity and lucency. MRI of the lumbar spine was performed. Impression was moderate compression of superior endplate at L5 with adjacent marrow edema with a 25 to 50% depression in the endplates centrally and anteriorly. HNP on MRI was read at L5-S1 with EMG of the lower extremities performed by technician and read by Dr. showing subacute L5-S1 radiculopathy. The patient was evaluated by Dr., orthopedist, and recommended surgery to the lumbar spine but the patient was not comfortable with surgery as a treatment and wanted to pursue other options. The patient has currently participated in treatments and found not to be at MMI on May 31, 2007, and is looking for alternative treatments.

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

Analyzing the explanation of decision including clinical bases, findings, and conclusion also support the decision. The request is for prolotherapy, a treatment using hypertonic solutions to cause ligamentous stimulation for growth and healing. The rational for denial is based on Worker's Comp adoption of the ODG as the basic guideline and the lack of peer review double blind research articles to support prolotherapy scientifically as an appropriate treatment. Prolotherapy can be a very important treatment tool for physicians treating back pain. All forms of insurance and treatment have care limitations just as Medicare presently does not accept prolotherapy as an acceptable treatment that is covered. Worker's Comp from the State of Texas has adopted the similar guidelines and does not consider prolotherapy an acceptable treatment based on its current

structure. Therefore, there are no peer-reviewed articles that would indicate prolotherapy as a mainstream treatment for lumbosacral pain. There are many articles talking about how it could help reduce back pain in chronic back pain sufferers and there are articles giving anecdotal and/or historical data on treatments of ligaments with prolotherapy. This particular individual's case of falling to the knees and straining the back secondarily possibly with endplate fracture much of which has been denied by the carrier would not be the typical ideal of a prolotherapy case. The typical prolotherapy case with back pain will be one of hyperlaxity of the ligaments such as SI joint dysfunction and/or treatment of a chronic degenerative process where there is disc space loss due to desiccation and prolotherapy is used to tighten-up the malaxated lumbosacral joints. For these reasons, this particular individual is not an appropriate candidate for prolotherapy.

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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)