

DATE OF REVIEW: 03/14/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Mechanical traction (97012) and therapeutic exercises (97110) twice a week for four weeks

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

Licensed by the Texas State Board of Chiropractic Examiners

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

Evaluations with D.C. dated 11/20/06, 12/04/06, and 01/18/07
A discharge note from an emergency room dated 11/26/06
A CT scan of the brain interpreted by M.D. dated 11/26/06
A CT scan of the maxillofacial areas interpreted by M.D. dated 11/26/06
A DWC-73 form from Dr. dated 11/30/06
Chiropractic treatment with Dr. dated 12/01/06, 12/02/06, 12/11/06, 12/14/06, 12/15/06, 12/29/06, 12/20/06, 12/22/06, 12/26/06, 12/27/06, 01/03/07, 01/06/07, 01/10/07, 01/11/07, 01/18/07, 01/24/07, 02/02/07, 02/06/07, 02/09/07, 02/13/07, 02/16/07, 02/22/07, and 02/23/07
Preauthorization requests from Dr. dated 12/06/06 and 01/29/07

A letter of authorization dated 12/12/06,
Letters of non-authorization dated 02/05/07 and 02/09/07
Evaluations with M.D. dated 12/13/06 and 02/07/07
A statement of non-authorization dated 01/30/07
An MRI of the cervical spine interpreted by M.D. dated 02/01/07

PATIENT CLINICAL HISTORY [SUMMARY]:

A CT scan of the brain interpreted by Dr. on 11/26/06 was normal. A CT scan of the maxillofacial areas interpreted by Dr. on 11/26/06 was also normal. Chiropractic therapy was performed with Dr. from 12/01/06 through 02/23/07 for a total of 23 sessions. On 12/12/06, wrote a letter of authorization for physical therapy three times a week for four weeks. On 01/18/07, Dr. ordered a cervical MRI. On 01/29/07, Dr. wrote a letter of preauthorization request for active therapy twice a week for four weeks. An MRI of the cervical spine interpreted by Dr. on 02/01/07 revealed disc protrusions from C2 to C7 with mass effect at C6-C7. On 02/05/07 and 02/09/07, wrote letters of non-authorization for physical therapy twice a week for four weeks. On 02/07/07, Dr. performed a right greater occipital nerve injection and prescribed Amitriptyline and Midrin.

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

It appears the claimant's condition is not improving with the provided treatment. Her headaches continue to progress. Also, based upon the ODG PT Guidelines, the claimant at this point should have progressed to a home based rehabilitation program. There is no need at this point for her to attend a program administered by healthcare professionals. Therefore, my finding is for denial of the request for mechanical traction and therapeutic exercises twice per week for four weeks.

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 AND KNOWLEDGE BASE
- 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)