

IRO REVIEWER REPORT - WC

DATE OF REVIEW: 3-15-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

15 sessions of chiropractic care with modalities (3x/Wk. X 3Wks. Then 2X/Wk. X 3Wks.)

Notably, it appears that the above services were requested, after the patient's ninth date of chiropractic care. Therefore, and with respect to this request, 8 dates of care were retrospective {x-x-xx, 2-7-07, 2-13-07, 2-20-07, 2-26-07, 3-2-07, 3-5-07} and the additional 7 visits should be considered prospective.

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

Diplomate, Neurology
Diplomate, Management
Eligible, Orthopedics
Staff, Center
Certified, Reconstructionist
Certified, Anesthesia
Qualified Evaluator

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- X 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.

Type of Review	Dates of Service	Primary Diagnosis Code (CPT)	Units of Service	DWC Claim Number	Upheld Overturn
Prospective	2-2-07	847.2	15	Xxxxx xxxxx xxWCxx	Overturn
Prospective	2-7-07	847.2	15	Xxxxx xxxxx xxWCxx	Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Initial report; typed xx-xx-xx

Typed follow-up reports by physician dated xx-xx-xx, 1-22-07, 2-2-07, 2-7-07 and 2-13-07

Daily treatment notes by physician reflecting 17 dates of service {xx-x-xx, 1-15-07, 1-16-07, 1-17-07, 1-19-07, 1-22-07, 1-24-07, 1-26-07, 1-29-07, 1-31-07, 2-2-07, 2-7-07, 2-13-07, 2-16-07, 2-20-07, 2-26-07, 3-2-07}

Two pages of exercise records for 1-22-07, 1-24-07, 1-26-07, 1-29-07, 1-31-07, 2-2-07, 2-7-07, 2-13-07, 2-20-07, 2-26-07, and 3-5-07 (the last date appearing to be claimant’s 18th visit)

TWC Work Status Reports reflecting the following dates and requested treatment: 1-12-07 at 4X/Wk. starting 1-15-07, 1-17-07 at 4X/Wk. starting 1-15-07, 1-19-07 at 3X/Wk. x 2Wks. starting 1-22-07, 1-22-07 at 3X/Wk. x2Wk. starting 1-22-07, 1-24-07 at 3X/Wk. x2Wks. starting 1-22-07, 1-26-07 at 3X/Wk. x 2Wks. starting 1-22-07, 1-29-07 at 3X/Wk x2Wks. starting 1-22-07, 1-31-07 at 3X/Wk. x 2Wks. starting 1-22-07, 2-2-07 at 3X/Wk x 2/Wks. starting 1-22-07, 2-07-07 at 2X/Wk. x 2Wks. starting 2-12-07, 02-09-07 at 2X/Wk. x 2Wks. starting 2-12-07, 02-13-07 at 2x/Wk. x 2Wks. starting 2-12-07, 2-16-07 at 2x/Wk. x2Wks starting 2-12-07, 2-20-07 at 2x/Wk. x2Wks. starting 2-12-07, 2-26-07 at 2x/Wk. x2Wks. starting 2-12-07, and 3-5-07 at 2x/Wks x 2Wks. starting 2-12-07.

PATIENT CLINICAL HISTORY [SUMMARY]:

Injured self during course of employment on x-xx-xx. Initial report dated x-xx-xx noted that the patient complained of severe low back pain, difficulty sitting, standing or lying in bed for any length of time. Multiple radiographs of the lumbar region showed no evidence of dislocation, fracture, or gross osseous pathology. The diagnoses were Lumbar Disc Disorder and Cervical, Thoracic, Lumbar Muscle Spasm. Initial treatment plan recommendation included conservative therapeutic attentuations and chiropractic manipulation.

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

In the initial report of x-xx-xx, the physician noted “He (patient) will be re-examined for his progress in approximately 2 weeks (and) his treatment schedule and regimen will be adjusted at that time according to his progress”. The treating physician initially requested initial trials of chiropractic care at 3X/Wk. x 2Wks. then 2X/Wk. x 2Wks. The following week, the physician’s re-examination report of 1-19-07 noted no response to treatment, and recommended no change in treatment plan; SLR was 30 degrees on left and about 50 degrees on the right. Three days later, on 1-22-07, the treating physician noted the same findings on SLR of 30 degrees on left and 50 degrees on right, noted no response to care, but requested “authorization for additional visits,” noted to be 3X/Wk. X 3Wks. then 2X/Wk X 3Wks. The patient was to be “evaluated for return to work on a weekly basis and for change of treatment procedure or frequency every 2 weeks.”

On the 2-2-07 follow-up report, the treating physician had provided 9 dates of chiropractic treatment, with some notable gains. I would have expected at that point that only some additional care would have been necessary to obtain maximal medical improvement for the patient’s x-xx-xx DOI. On 2-7-07, and while the treating physician noted some additional functional gains, the physician neglected to note any objective findings. There are no additional care provided by the treating physician between 2-7-07 and the next re-examination report on 2-13-07.

Notably, in the 2-13-07 re-examination report, the patient apparently denied any baseline pain except for some pain only with certain movements; in the same report, the treating physician noted no tenderness and the only objective finding was “supine straight leg raise is positive bilaterally at 75 {degrees}.” Given that forward lumbar flexion at 60 degrees is considered normal, the report of difficulty with SLR – at 75 degrees bilaterally – seems misplaced. Therefore, as the treating physician had no other positive findings that day, any care rendered on 2-13-07 or thereafter did not appear reasonable or necessary to provide any additional benefit or relief of the effects of patient’s industrial injury.

Therefore, I would recommend modified certification of a total of two of the total requested treatments, specifically occurring on 2-2-07 and 2-7-07. Any of the 6 remaining dates of retrospective care from 2-13-07 through 3-5-07, or any of the additional 7 visits after that date, should not be considered reasonable or necessary on an industrial basis.

Moreover, evidenced-based guidelines such as the ACOEM Guidelines (pp. 299-301, 315), the Official Disability Guidelines 10th edition (pp.1418, et seq.), and the ODG-TWC 2005 edition (pp.624-626, 640), all generally state and reference

that if any individual's restoration is insignificant in relation to the extent and duration of the physical medicine services required to achieve such potential and restoration then the services are not considered reasonable or necessary. Evidence of objective functional improvement is essential to establishing reasonableness and necessity of care and progression toward a self directed care program and maximizing activity tolerance (ACOEM pg.92, Mercy 121) are best practices and reduce somatization and physician dependence (ACOEM pg 49, Mercy 118-122, InterQual 220 MDR). Therefore, continuing to provide more of the same care on 2-13-07 and thereafter would not be reasonably expected to provide any different or better outcome.

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 KNOWLEDGBASE**
- 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)**