

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: May 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy 3 x week x 4 weeks; lumbar, 97140 (Manual therapy), 97014 (Electrical stimulation), 97035 (Ultrasound), 97110 (Therapeutic procedure).

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the URA include:

- M.D., 01/08/07, 02/22/07, 04/02/07, 04/09/07

Medical records from the D.C. include:

- Hospital, M.D., 08/10/06
- Unknown Provider, History/Physical Evaluation, 09/18/06, 09/25/06, 10/09/06

- Health System, M.D., 09/21/06
- D.C., 10/19/06, 01/08/07, 01/31/07, 02/22/07, 04/04/07, 04/09/07
- Chiropractic Clinic, D.C., 10/26/06
- Medical Centers, Utilization Review Nurse, 11/07/06, 01/17/07, 03/01/07
- Chiropractic Clinic, C.A., 11/07/06
- Unknown Provider, Daily SOAP Notes, 11/16/06, 11/20/06, 11/21/06, 11/27/06, 11/29/06, 12/01/06, 12/04/06, 12/06/06, 12/11/06, 12/13/06, 12/14/06, 12/15/06, 12/18/06, 12/20/06, 12/22/06, 12/27/06, 12/28/06, 12/29/06, 01/03/07, 01/05/07, 01/08/07, 01/10/07, 01/12/07, 01/15/07
- Medical Associates, M.D., 01/09/07

PATIENT CLINICAL HISTORY:

This is a gentleman who sustained multiple injuries in a motor vehicle accident. Previously, the patient had undergone a lumbar multilevel decompression surgery performed in 1989/1999.

Subsequent to the injury this patient underwent conservative treatment to consist of 12 physical therapy visits and medication management.

A physician follow up note dated October 19, 2006 revealed objective findings significant to the cervical spine to include cervical range of motion and joint function (6 Axis) normal, facet function – normal function and movement of all joints in the cervical spine; all provocation negative. Muscular and ligament evaluation revealed normal tone, graded strength, with negative provocation. Sensory evaluation revealed normal in all areas, and motor testing was normal.

A submitted cervical MRI report from September 21, 2006 revealed degenerative disc disease at C4-5 and C5-6 levels, with no disc protrusion or significant disc bulging demonstrated.

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

Description of services in dispute is physical therapy three times a week times four weeks: Lumbar manual therapy, electrical stimulation, ultrasound, and therapeutic procedure. Upon independent review, the reviewer finds the previous adverse determination should be upheld.

This patient has degenerative disc disease of the cervical spine. He has completed 12 sessions of physical therapy, which is reasonable and medically appropriate. The rationale for further request of physical therapy interventions is absent. Further physical therapy would not substantially improve this patient's neck pain symptoms.

ACOEM/ODG Guidelines do not support passive treatment interventions including, but not limited to, chiropractic manipulation beyond the first six weeks of symptoms in the management of neck and back complaints. It is presumed, thereafter, the clinical benefit of such passive treatment interventions would not be superior to that of a fully independent home exercise program with self-applied modalities.

The Guidelines reference used:

- 1) ACOEM Guidelines, 2nd Edition, Chapter 8 and 12
- 2) Official Disability Guidelines, Treatment Index, 6th Edition, 2006/2007, Under cervical spine – physical therapy
- 3) Milliman & Robertson, Care Guidelines, Section J & L

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

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- 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)**