



**DATE OF REVIEW:** May 3, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

10 sessions of decompression.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Chiropractor licensed in the state of Texas with extensive experience and board certification in pain management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW**

1. TDI referral, April 16, 2007
2. URA finding of DC, March 13, 2007
3. URA finding of, DC, March 20, 2007
4. Medical necessity letter from DC, March 7, 2007
5. Lumbar CT/Myelogram, August 17, 2006
6. EMG from Ultra diagnostics, February 17, 2005
7. Medical necessity letter from DC, March 14, 2007
8. Chiropractic office note, March 5, 2007

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The clinical history of this patient is vague. No comprehensive history was submitted to discuss the onus of this patient's low back injury, with the exception of the fact that it occurred during a work related incident. The patient has complained about the low back pain since the time of injury and is complaining of it getting worse. He apparently has

been recommended for low back surgery, but is hesitant to undergo the procedure. He indeed did undergo cervical surgery in November of 2005 and again on September 18, 2006, where a fusion was performed. Work conditioning was requested for the patient on February 23, 2007. Office notes indicated that the treating doctor decided not to pursue work conditioning at this time due to the fact that the lumbar spine was continuing to degenerate. Spinal decompression was recommended by the treating clinic and was denied twice by the carrier. Lumbar myelogram indicates that the patient has a 4 mm protrusion at L5/S1, with a left impact on the S1 descending nerve root. EMG indicates a mild L4 and L5 irritation on the right.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

There is no doubt that this patient has some indications for advanced treatment in the lumbar spine. He clearly has a lumbar discopathy. Interestingly enough, even though the most significant impact was found in the S1 nerve root, there was no mention of S1 radiculopathy and, indeed, the mild findings on EMG were attributed to likely muscle spasm. The use of the type of modality requested is somewhat controversial in that the medical proof certainly exists that indicate an acute injury likely will respond to this type of treatment, chronic injuries are not proven to have a positive effect, except for temporary relief (if that much). This patient does need further types of care that should be examined, but literature does not indicate that this modality is appropriate for such an injury. While the carrier's reviewers indicated that there is a belief that traction is contraindicated in the lumbar spine, no such literature can be found that proves this to be the case, although ALL literature on this therapy is still being assimilated. However, the reviewers are correct that this patient is long past the time at which this traction could be found useful on a long term basis for such a patient.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- \_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)