

P-IRO Inc.

An Independent Review Organization

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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: 10-15-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 Sessions of Aquatic-4 units 97113, Massage therapy-2 units 97124, and 97032-1 unit.

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

Certified Chiropractor

MUA Certified Physician

EMG/NCV Certified Physician

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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

Letter from Mgt 8-21-2007, 9-14-2007, Center 10-1-2007, 9-04-2004, 4-16-2007, 3-27-2007, Institute LESI 9-06-2007, 8-20-2007, 4-5-2007, MRI L-sp 3-02-2007, Center 4-04-2007 EMG/NCV, TASB letter 9-25-2007, MD letter 4-20-2007 phone letter conversation, No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury. The injured employee was apparently injured when he transported an unconscious heavy patient. The heavy patient was lifted via draw sheet method when the injured employee felt a sharp pain in his low back. The injured employee sought treatment with Dr., which included non-working status, diagnostic studies, PT 12-sessions, medication, and LESI. On 3-02-2007, MRI of the lumbar spine reported a 2-3mm disc herniation at L5-S1 with mild impingement of the thecal sac. On 4-04-2007, EMG/NCV failed to reveal any evidence of radiculopathy, neuropathy, or pelxopathy. On 4-20-2007, the injured employee was seen by a DDE, Dr., who certified that the claimant was at MMI and assigned a 0% WBI. Records additionally indicated that the injured employee underwent a LESI on 9-04-2007. The records report that the treating physician has documented an exacerbation and has requested additional treatment as noted above.

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

The injured employee currently meets the requirements for Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, Evidenced-Based Aquatic Therapy, ODG, and the Texas Labor Code. The injured employee has sustained an occupational injury to the lumbar spine and has recently experienced an exacerbation and undergone a LESI. Therefore, in view of the documentation provided the request for 6 sessions of care would be medically necessary.

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)