ZRC MEDICAL RESOLUTIONS INC

DATE: October 3, 2007

IRO CASE NUMBER:

DESCRIPTION OF SERVICES IN DISPUTE: Therapeutic Exercises (97110) 2 times a week for 2 weeks.

QUALIFICATIONS OF THE REVIEWER: Doctor of Chiropractic Licensed to Practice in the State of Texas.

REVIEW OUTCOM

__X___Upheld
_____Overturned
_____Partially Overturned

The medical necessity of the proposed treatment is not supported.

INFORMATION PROVIDED FOR REVIEW:

1. Pre-authorization request from provider dated 08/17/07
2. Reconsideration request from provider dated 09/07/07
3. Treatment records from 07/16/07 to 07/26/07
4. Carrier review dated 08/21/07
5. Carrier review dated 09/12/07

BRIEF CLINICAL HISTORY:

The claimant has been treated for a low back injury that occurred on xx/xx/xx. Treatment consisted of conservative care by the treating doctor including chiropractic and supportive physical medicine. Records also indicate that at some time in xxxx the patient had therapeutic injections to the lumbar spine, but are not specific as to the location or type of injection. Records from July of 2007 indicate a pain scale of 7 out of a possible 10 in the lumbar spine for an injury that is 6 ½ years old and was diagnosed as a soft tissue injury initially. The current treating doctor has diagnosed a lumbar discopathy, but there is no record of MRI, CT or EMG to validate the diagnosis.

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ANALYSIS AND DECISION:

The reviewer finds that the medical necessity of the proposed treatment is without support. The treatment records fail to provide any objective documentation for the treatment nor any evidence of an aggravation of the condition.

Therapeutic exercises may be performed in a clinic one-on-one, in a clinic in a group, at a gym or at home with the least costly of these options being a home program. A home exercise program is also preferable because the patient can perform them on a daily basis. On the most basic level, the provider has failed to establish why the continuing services were required to be performed one-on-one when current medical literature states, "…there is no strong evidence for the effectiveness of supervised training as compared to home exercises."

DESCRIPTION AND 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.
___X__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.): Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.