

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

DATE OF REVIEW: OCTOBER 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

8 Sessions of Post-Injection Rehab/Physical Therapy

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

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)

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.

The reviewer partially agrees with the determination of the insurance company that 8 sessions of post-injection therapy are not medically necessary; however, 2 sessions of the 8 are considered as medically necessary per OD Guidelines. Therefore, the reviewer finds that 2 sessions of post-injection therapy are medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/1/07, 10/4/07
ODG Treatment Guidelines (Knee & Leg, Acute & Chronic)
Patient Re-evaluation, 9/24/07
Dr. 9/19/07, 9/24/07, 10/1/07
Dr. Prescriptions for PT, 9/19/07, 9/24/07, 10/1/07
Dr. 10/5/07
MRI Right Knee, 4/23/07
Lumbar Myelogram, 8/29/07
MRI of Lumbar Spine, 7/28/07, 9/15/06
Dr., Diagnostics, 11/20/06
Dr., 9/18/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee injured the lumbar spine and right knee on xx/xx/xx. The injured employee underwent a ACL and bilateral menisectomy on 2-3-2006 and a second surgery on 7-26-2006 followed by post operative therapy. Then a laminectomy at L3-4 on 1-05-2007 and debridement/irrigation on 3-5-2007 followed by 24 sessions of post-operative therapy and work hardening. The injured employee recently underwent a Syviac injection on 9-24-2007 and recommendations for 8 sessions of post injection therapy has been recommended.

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

The injured employee recently underwent a Syviac injection on 9-24-2007 and recommendations for 8 sessions of post injection therapy has been recommended. The request for 8 sessions does not comply with the ODG. The OD Guidelines recommends 1-2 sessions of post-injection treatment; therefore, 2 sessions of therapy would be considered as reasonable and 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)