

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 14, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Prospective medical necessity of 8 sessions of therapeutic exercises (97110); neuromuscular reeducation (97112); massage (97124)

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

Doctor of Chiropractic
Diplomate, American Board Chiropractic Orthopedics
Diplomate, American Board of Chiropractic Consultants
Diplomate, American Board of Forensic Professionals
Diplomate, North American Academy Of Impairment Rating Physicians
Certified, American Board of Independent Medical Examiners

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Initial evaluation report (08/27/07) and subsequent re-exam report (11/29/07);

2. MRI report, cervical spine, (10/10/07);
3. Electrodiagnostic study, , MD (12/07/07);
4. Peer reviews, DO and, DC (12/05/07 and 12/14/07); and
5. ODG not provided.

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient, a xx year-old female, was involved in a motor vehicle accident on xx/xx/xx, approaching a left turn when struck by another vehicle pulling out of a gas station. She underwent chiropractic care with Dr., with 21 dates of service treating neck and lower back. MRI of cervical spine 10/10/07 showed a mild to moderate disc protrusion, mildly impinging upon the thecal sac at C2/3 (central), C3/4, C4/5 & C6/7 (all broad-based), with a moderate broad-based protrusion mildly impinging upon the thecal sac at C5/6 accompanied by moderate right and mild left foraminal narrowing due to facet and unciniate arthrosis. No obvious significant changes noted to the above with flex/ext and lateral flexion sequences. Electrodiagnostic studies 12/07/07 were essentially unremarkable. As of 11/29/07, patient remained with neck and back pain, with moderate sensitivity to palpation of the paraspinal musculature of the right and right shoulder, with weakness to the left upper extremity globally. Patient has improved after 21 visits cervical spine, with reduced tenderness, improved strength and range of motion, although all there is to objectively substantiate this is the difference in motion between the report of 08/27/07 and the values reported on 12/29/07.

Peer reviews found that care was not medically necessary following record review and peer to peer conversation with the provider.

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

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

Unfortunately, the supplied documentation fails to objectively document or benchmark patient progress; the only 'objective' evidence of improvement is the improvement in motion findings. There is no information in terms of reasonable outcome assessment measures, any level of descriptive, quantifiable objective data subsequently per

date of encounter or other evidence of progression / response / deviation to treatment provided to support continuing care.

Without treatment notes or other outcome benchmarks, it is difficult to determine when described improvement took place, or whether or not the patient is currently at a stationary platform as far as any improvement is concerned.

The patient is now at a point some 4 months post injury and has already undergone therapeutic interventions that exceed treatment guidelines. Without more substantial documentation documenting progressive, ongoing improvement with therapy to date, as well as a clear rationale offered as to why ongoing treatment regime would be necessary outside of recommended clinical guidelines, medical necessity for ongoing treatment at this point has not been substantiated.

Continuing care therefore appears to be beyond current clinical standards and does not appear to satisfy any of the above three mandates of medical necessity.

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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)