

Notice of Independent Review Decision

DATE OF REVIEW:

01/15/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Therapeutic activities and electromuscular stimulation (EMS) six (6) Units.

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

Board Certified Chiropractor

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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 utilization of EMS six units and therapeutic activities is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 12/28/07
- Referral dated 12/28/07
- Transcription: Letter dated 12/28/07
- DWC: Notice To, LLC Of Case Assignment dated 12/27/07
- DWC: Notice To Utilization Review Agent Of Assignment dated 12/27/07
- Back Institute: Physical Medicine Request Form dated 12/21/07
- DWC: Confirmation Of Receipt Of A Request For A Review Dated 12/20/07
- LHL009: Request For A Review By An Independent Review Organization dated 12/10/07
- Notice of Utilization Review Findings dated 11/30/07, 11/21/07
- Claims: 1st Report, Claim Setups dated 11/26/07, 11/06/07
- Letters dated 11/30/07, 11/21/07
- Back Institute: Follow Up Progress Note dated 11/14/07 from, D.C.
- Back Institute: Radiology Report dated 11/07/07 from, D.C.
- Back Institute: History and Physical Examination dated 11/07/07 from, D.C.
- Back Institute Preauthorization Request Form (undated)
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx-year-old male who was involved in a work-related trauma in his employment as a xxxxxx. The details are that he injured his low back while breaking in a door during

a xxxx. Most of the clinical records indicate that the injury date was xx/xx/xx with one document indicating that it was xx/xx/xx . All of the records from Back Institute indicate xx/xx/xx so that date will be used for review.

The injured individual presented to Back Institute on 11/14/2007 with complaints of low back pain radiating into the right leg. There were positive findings of restricted lumbar range of motion as well as abnormal orthopedic tests that supported diagnoses of 724.8 lumbar facet syndrome and 724.4 lumbar radiculitis. The original treatment recommendation was for ten treatments of electrical muscle stimulation and therapeutic exercises, this plan modified to six visits of the same services. The request was denied two times based on Official Disability Guidelines (ODG) not considering interferential current to be effective in treating an acute low back problem.

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

Based on ODG and American College of Occupational and Environmental Medicine (ACOEM) guidelines, the use of electrical stimulation or interferential current is not supported. Both sources agree that insufficient evidence exists in support of the effectiveness of the modality and while there may be therapeutic value and support for the use of therapeutic exercises in low back treatment, because this was requested as only part of the request, the entire request must be denied. This recommendation is based on the review of the available information from ODG Guidelines, web based edition and ACOEM Guidelines, 2004.

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**
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**