



Notice of Independent Review Decision
PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 6/24/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

- S9090 - Vertebral axial spinal decompression treatments - 25 sessions
97032 - Electrical Stimulation
97039 - Physical therapy treatment

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from Parker College of Chiropractic, Dallas, TX and completed training in Chiropractor at Parker College of Chiropractic, Post-Graduate. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Chiropractor since 1986.

REVIEW OUTCOME:

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

- X Upheld (Agree)
Overtaken (Disagree)
Partially Overtaken (Agree in part/Disagree in part)

- S9090 - Vertebral axial spinal decompression treatments - 25 sessions Upheld
97032 - Electrical Stimulation Upheld
97039 - Physical therapy treatment Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The employee is a male who was injured while at work. He described a dull, sharp, shooting, and pounding pain in the low back bilaterally. The pain radiated into both hips and legs. He was undergoing chiropractic treatment. At this time, the request for vertebral axial spinal decompression treatments, electrical stimulation, and physical therapy is under review for medical necessity.

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

The injured employee is a male who hurt his low back. Lumbar MRI ordered by his PCP was performed on and revealed L5/S1 degenerative (desiccated) bulging disc and osteophytes with bilateral facet hypertrophy, moderate foraminal stenosis right greater than left, and indentation of the ventral thecal sac. Plain film x-rays demonstrated a transitional segment at S1 with a small disc space at S1/2 and 50% narrowing of the L5/S1 disc space. He began chiropractic care with Dr on 10/1/2007, complaining of frequent dull, sharp, shooting and pounding pain in the low back bilaterally, radiating into both hips and legs. Initial exam revealed hyperesthesia of right L4 dermatome, near normal thoracic and lumbar ranges of motion with pain production in all planes, 4/5 weakness of the bilateral psoas, iliacus, TFL and sartorius muscles, moderate to severe tenderness of the bilateral thoracolumbar to iliolumbar paraspinal muscles, and positive bilateral Kemp's for facet joint involvement. As early as 10/10/2007, Dr wrote a letter to the patient's PCP stating that he was not responding well to chiropractic treatment, and recommending 25 sessions of vertebral axial decompression (VAX-D). However, an interim report dated 10/10/2007 from Dr shows severity and frequency of pain improved, ranges of motion were now normal with pain only during flexion, 4/5 weakness of only the left sartorius, only slight tenderness of the bilateral paraspinals except the right iliolumbar at moderate, negative sitting SLR bilaterally, and a positive left Yeoman's test for the sacroiliac joint which had not been

Name: Patient_Name

previously tested. Future treatment plan was for physiotherapy, trigger point therapy and manipulation 2 times per week for 3 weeks.

A subsequent interim report from Dr dated 1/4/2008 indicated that the frequency of symptoms was improved, and showed a positive left Ely's and bilateral Yeoman's. Future treatment plan was for physiotherapy, trigger point therapy, and manipulation once per week for 6 weeks, and VAX-D was still recommended.

Another interim report from Dr dated 2/26/2008 showed clinical findings that point to the bilateral facet and sacroiliac joints as the true pain generators, yet VAX-D was still recommended, based on the MRI findings of a bulging degenerated disc.

A letter from Dr dated 5/12/2008 stated that the patient is about to or has now received a steroid injection, which would decrease his inflammation but would not heal his bulging disc, and VAX-D was again requested. There had been previous approval given for both facet and sacroiliac injections.

Dr had a previous peer-to-peer discussion with Dr on 5/13/08, and was told that the patient's previous treatment had failed to produce any particular changes in the patient's subjective complaints or positive changes in his functional status, and that he had been transitioned to a home exercise program, but VAX-D was still necessary. This statement of no subjective or functional changes is not consistent with the above referenced interim reports, and decreases in the frequency and duration of treatment plans. .

Dr appealed the decision to non-certify the VAX-D treatments. He had a peer-to-peer discussion with Dr on 5/28/2008, in which it was noted that the patient did not begin active physical therapy until 4 months post-injury. This is clearly not in accordance with evidence-based peer-reviewed guidelines. Dr stated that the patient had not returned to work, which is also not recommended by evidence-based peer-reviewed guidelines. Dr stated that he did not know the status of the facet & sacroiliac injections or their effect, yet again requested 25 VAX-D treatments.

The ODG guidelines do not recommend treatment with vertebral axial decompression, nor does it appear to be the appropriate treatment for this patient's clinical findings. The MRI findings of a bulging desiccated disc is in all medical probability an incidental finding on a prematurely obtained MRI study, and is not the patient's pain generator, taking into account his current clinical findings with positive bilateral orthopedic tests for the lumbar facets and sacroiliac joints.

Therefore, the previous denial is upheld.

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
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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)