

Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: MAY 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chiropractic 1 time a week for 30 weeks cervical 98940, S9090, 97139, 97014, 97112, 97140, 97112, 97140, 97024, 97032, 97012, 97010, 97530, 97124, 97110

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

Doctor of Chiropractic
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)

Upon independent review the reviewer finds that Chiropractic 1 time a week for 30 weeks cervical 98940, S9090, 97139, 97014, 97112, 97140, 97112, 97140, 97024, 97032, 97012, 97010, 97530, 97124, 97110 is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury on xx/xx/xx. While employed, he was injured as a result of a direct blow to the head. The injured

employee underwent extensive cervical surgery, anterior cervical decompression and fusion from C5-6, C6-7, and C7-T1. The injured employee was recently under the care of Dr. and request has been made for 30 sessions of care. A report dated 2-3-2008 from Dr. indicated that chiropractic treatment would not be medical necessary. A report dated 3-04-2008, from Dr. indicated that chiropractic treatment would not be medical necessary. The injured employee has undergone 34 session of chiropractic care from 11-05-2007 through 3-12-2008. An additional 30 sessions of care are being requested at this time by Dr.

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

Upon review of the provided records and ODG Guidelines this reviewer finds that the requested Chiropractic care 1 time a week for 30 weeks cervical including 98940, S9090, 97139, 97014, 97112, 97140, 97112, 97140, 97024, 97032, 97012, 97010, 97530, 97124, 97110 is not medically necessary. Very recently Dr. has indicated that chiropractic treatment would not be medically necessary and more recently Dr. has indicated that chiropractic treatment would not be medically necessary. These medical opinions coupled with the fact that this gentleman has already received 34 session of chiropractic care from 11-05-2007 through 3-12-2008 supports the decision that this injured employee currently does not meet the required guidelines for the requested services according to the ODG Admission Criteria as defined below:

Physical therapy (PT):

There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. See also [Exercise](#). Direction from physical and occupational therapists can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. ([Hayden, 2005](#)) Studies also suggest benefit from early use of aggressive physical therapy ("sports medicine model"), training in exercises for home use, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support. ([Zigenfus, 2000](#)) ([Linz, 2002](#)) ([Cherkin-NEJM, 1998](#)) ([Rainville, 2002](#)) Successful outcomes depend on a functional restoration program, including intensive physical training, versus extensive use of passive modalities. ([Mannion, 2001](#)) ([Jousset, 2004](#)) ([Rainville, 2004](#)) ([Airaksinen, 2006](#)) One clinical trial found both effective, but chiropractic was slightly more favorable for acute back pain and physical therapy for chronic cases. ([Skargren, 1998](#)) A spinal stabilization program is more effective than standard physical therapy sessions, in which no exercises are prescribed. With regard to manual therapy, this approach may be the most common physical therapy modality for chronic low back disorder, and it may be appropriate as a pain reducing modality, but it should not be used as an isolated modality because it does not concomitantly reduce disability, handicap, or improve quality of life. ([Goldby-Spine, 2006](#)) Better symptom relief is achieved with directional preference exercise. ([Long, 2004](#)) As compared with no therapy, physical therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective. Because of the limited benefits of physical therapy relative to "sham" therapy (massage), it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed. ([Erdogmus, 2007](#)) See also specific physical therapy modalities, as well as [Exercise](#); [Work conditioning](#); [Lumbar extension exercise equipment](#); [McKenzie method](#); & [Stretching](#). [Physical therapy is the treatment of a disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, activities of daily living and alleviating pain. ([BlueCross BlueShield, 2005](#))]

Patient Selection Criteria: Multiple studies have shown that patients with a high level of fear-avoidance do much better in a supervised physical therapy exercise program, and patients with low fear-avoidance do better following a self-directed exercise program. When using the Fear-Avoidance Beliefs Questionnaire

(FABQ), scores greater than 34 predicted success with PT supervised care. ([Fritz, 2001](#)) ([Fritz, 2002](#)) ([George, 2003](#)) ([Klaber, 2004](#)) ([Riipinen, 2005](#)) ([Hicks, 2005](#)) Without proper patient selection, routine physical therapy may be no more effective than one session of assessment and advice from a physical therapist. ([Frost, 2004](#)) Patients exhibiting the centralization phenomenon during lumbar range of motion testing should be treated with the specific exercises (flexion or extension) that promote centralization of symptoms. When findings from the patient's history or physical examination are associated with clinical instability, they should be treated with a trunk strengthening and stabilization exercise program. ([Fritz-Spine, 2003](#))

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion): 34 visits over 16 weeks

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment: 48 visits over 18 weeks

Spinal stenosis (ICD9 724.0):

10 visits over 8 weeks

See 722.1 for post-surgical visits

Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):

10-12 visits over 8 weeks

See 722.1 for post-surgical visits

Curvature of spine (ICD9 737)

12 visits over 10 weeks

See 722.1 for post-surgical visits

Fracture of vertebral column without spinal cord injury (ICD9 805):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also [Procedure Summary](#) entry):

10 visits over 8 weeks

Manipulation:

Number of visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. These findings question the need for extended treatment, or at least encourage the need for reassessment after a few weeks of treatment. ([Burton, 2000](#)) ([Hurwitz, 2002](#)) ([MD Consult, 2003](#)) ([Stig, 2001](#)) ([Niemsto, 2003](#)) ([Haas, 2004](#)) ([Haas2, 2004](#)) ([Descarreaux, 2004](#)) One specific study showed a success rate of 88% by six weeks with an average total of 8.2 visits, and 3.8 more if recurrence. ([Triano, 1992](#)) Another clinical trial found that only 4 sessions of manipulation and stabilizing exercises resulted in less pain and disability than physician consultation alone. ([Niemsto, 2003](#))

Patient Selection Criteria: The results of a recent study demonstrate that two factors - symptom duration of less than 16 days, and no symptoms extending distal to the knee - were associated with a very good outcome from early referral for spinal manipulation. After only 1-2 sessions of spinal manipulation

treatment and a range of motion exercise, the success rate when both criteria were present was 85%, and when both criteria absent was only 28%. ([Fritz, 2005](#)) Other studies support using patient selection criteria, including: (1) Duration of current LBP less than 16 days; (2) Not having symptoms below the knee; (3) [FABQ](#) score less than 19 points; (4) At least one hypomobile segment in the lumbar spine; & (5) Hip internal rotation range of motion >35 degrees. ([Flynn, 2002](#)) ([Niemisto, 2004](#)) ([Fritz, 2004](#)) ([Childs, 2004](#)) ([Riipinen, 2005](#)) Patients with signs and symptoms that suggest movement restrictions of the lumbar region should be treated with joint mobilization–manipulation techniques and range of motion exercises. ([Fritz-Spine, 2003](#))

ODG Chiropractic Guidelines:

Therapeutic care –

Mild: up to 6 visits over 2 weeks

Severe:* Trial of 6 visits over 2 weeks

Severe: With evidence of objective [functional improvement](#), total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity

Elective/maintenance care – Not medically necessary

Recurrences/flare-ups – Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months

* Severe may include severe sprains/strains (Grade II-III¹) and/or non-progressive radiculopathy (the ODG Chiropractic Guidelines are the same for sprains and disc disorders)

Electrotherapies	Not recommended. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Gross-Cochrane, 2002) (Aker, 1999)
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	<p>(Philadelphia, 2001) In pain as well as other outcomes, the evidence for treatment of acute or chronic mechanical neck disorders by different forms of electrotherapy is either lacking, limited, or conflicting. This review included Galvanic current (direct or pulsed), iontophoresis, TENS, EMS, PEMF and permanent magnets. (Kroeling-Cochrane, 2005) See also Electrical muscle stimulation (EMS), Electromagnetic therapy (PEMT), Galvanic current, Iontophoresis, Magnets, & Transcutaneous electrical neurostimulation (TENS).</p>
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Cold packs	<p>Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999)</p>
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Heat/cold applications	<p>Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999)</p>
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Traction	<p>Recommend home cervical autotraction (patient controlled) devices for patients with radicular symptoms, but not powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004) (Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985) Other studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) (Browder, 2004) For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction. Note: Powered traction devices, such as VAX-D, DRX and Lordex, are considered a form of traction. See also the Low Back Chapter, where Traction is Not recommended.</p>
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TENS (transcutaneous electrical nerve stimulation)	<p>Not recommended as a primary treatment modality, but a one-month home-based TENS trial for neck pain may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Outcomes compared to placebo are not proven in use for whiplash-associated disorders, acute mechanical neck disease, or chronic neck disorders with radicular findings, as evidence is conflicting. (Aker, 1999) (Bigos, 1999) (Gross-Cochrane, 2002) (Kroeling-Cochrane, 2005) (Vernon, 2005) (Jensen, 2007) For an overview and treatment of other conditions, see the Pain Chapter.</p>
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Ultrasound, therapeutic	<p>Under study. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional</p>
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restoration are not demonstrated. (Gross-Cochrane, 2002) (Aker, 1999) (Philadelphia, 2001)
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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)

