



DATE OF REVIEW: September 30, 2008

IRO Case #:

Description of the services in dispute:

Spinal decompression therapy

A description of the qualifications for each physician or other health care provider who reviewed the decision

This reviewer has a BS in Psychology, is a Doctor of Chiropractic, and has a Masters in Fitness Management. This reviewer has special certification in disability evaluation and rating of permanent impairment, insurance consulting, peer review, independent medical examination, medical legal issues in chiropractic, coxa flexion distraction, management of sports injuries, nimmo receptor tonus, myofascial trigger point, therapeutic exercise, chiropractic biophysics I and II, and Earhardt x-ray I and II. This reviewer has been in active practice since 1994.

Review Outcome

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

Upheld

Medical necessity of spinal decompression therapy is not supported. Vertebral axial decompression for treatment of low back injuries is not recommended.

Patient clinical history [summary]

Records submitted for review indicate a xx/xx/xx date of injury . There is a 5/13/08 MRI report. Findings include L4-5 annular bulge which flattens thecal sac with associated bilateral facet joint arthrosis and mild bilateral foraminal narrowing, L5-S1 moderate 7 mm right subarticular disc herniation compressing the right S1 nerve root with moderate narrowing of right neuroforamen. There is a xx/xx/xx Initial Examination record. The record notes presenting complaints of low back and left leg radicular pain to the heel. Examination includes palpation, range of motion, orthopedic test, and neurological test findings. Diagnoses rendered include 722.1 and 724.4. Plan is noted for 20 daily visits with procedures including spinal decompression, spinal manipulation, ice packs, interferential therapy, and exercise. The record further states plans for orthopedic work up

due to decline of the services. The 5/15/08 record states that the patient does not want surgery and feels ESI's would not be beneficial. Daily records are included 5/21/08 through 6/23/08. The records note consistently worsening low back pain rated at a level of 2-3. Diagnosis continues as 722.1. There is record of prior denial of requests for spinal decompression procedures (6/4/8 and 6/26/08).

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Medical necessity of spinal decompression therapy is not supported. Vertebral axial decompression for treatment of low back injuries is not recommended.

Decompression through traction and spinal decompression devices are not recommended for the treatment of acute, subacute, chronic or radicular pain syndromes. There is insufficient evidence to recommend this treatment which is moderately costly, though not invasive.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Guidelines. 2007 Low back powered traction devices

ACOEM Guidelines 2008 Low back chapter, page 149