

Notice of Independent Review Decision

DATE OF REVIEW: 12/9/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Massage therapy - eval and treat as outpatient - Lumbar spine

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. 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 Orthopaedics since 7/11/2004 and currently resides in MO.

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)

Massage therapy - eval and treat as outpatient - Lumbar spine Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax page dated 11/19/2009
2. Medical reviews of case assignment dated 11/19/2009
3. Notice to utilization review dated 11/19/2009
4. Notice of assignment of independent dated 11/19/2009
5. Confirmation of receipt of a request by author unknown dated 11/19/2009
6. Request by author unknown dated 11/18/2009
7. Letter dated 10/22/2004 to 10/27/2009
8. Physician review by MD, dated 10/15/2009
9. Notice of reconsideration by author unknown dated 10/14/2009
10. Notice of denial of preauthorization by author unknown dated 9/25/2009 & 9/26/2009
11. Physician review dated 9/25/2009
12. Clinical note by author unknown dated 9/9/2009
13. History by MD, dated 9/4/2008
14. Patient information by author unknown dated 5/15/2008
15. Letter dated 5/14/2008
16. History & physical by MD, dated 5/5/2008
17. Letter by MD, dated 11/15/2007 & 5/5/2008
18. History dated 11/6/2007
19. Initial evaluation by MD, dated 7/7/2004
20. History & physical by MD, dated 6/3/2004
21. MRI brachial Plexus by MD, dated 5/5/2004

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22. Letter by MD, dated 10/15/2003
23. Operative report by MD, dated 8/26/2003
24. Discharge summary by MD, dated 8/26/2003
25. CT lumbar spine by MD, dated 8/26/2003
26. Lumbar spine flex by MD, dated 7/18/2003
27. Myelogram Lumbar spine by MD, dated 7/15/2003
28. Letter dated 1/31/2003
29. History by MD, dated 7/7/2002
30. Progress note by MD, dated 12/12/2001 to 6/23/2004
31. Physical examination by author unknown dated 6/7/2002
32. Worker's compensation work status by author unknown report dated 6/7/2002
33. Myelogram lumbar spine by MD, dated 1/26/2002
34. CT lumbar spine by MD, dated 1/26/2002
35. Discharge summary dated 12/20/2001
36. Operative report dated 12/20/2001
37. Discharge summary dated 11/15/2001
38. Letter by MD, dated 6/12/2001 to 6/7/2005
39. Initial evaluation by MD, dated 5/1/2001
40. Radiology consultation report by MD, dated 4/3/2001 & 10/15/2002
41. Initial consultation note by author unknown dated 3/20/2001
42. IRO Request form by author unknown dated unknown
43. Prescription note by author unknown dated unknown
44. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male with LBP and RLE sciatic complaints. He had previous L5 fusion and has post laminectomy syndrome and CBP along with the sciatica. There is a note from 10/27/09 indicating additional systemic complaints of blurred vision, dry mouth and constipation from the Neurontin prescribed. There is a positive RLE SLR on clinical exam. He is on chronic narcotic therapy. A spinal cord stimulator failed for treatment of his chronic pain. The request is for massage therapy to lumbar spine.

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

With a previous fusion and now a failed back syndrome, the injured employee (IE) on chronic opioid therapy and failure of spinal cord stimulator to provide relief, it is highly unlikely that massage would be effective.

According to ODG guidelines, massage may be effective when combined with an exercise program for acute LBP or non specific acute, chronic LBP. This IE does not meet these criteria and there is no evidence in the literature of massage as an effective treatment for LBP.

These notes were mostly clinical notes dating back to 2001 with extensive details regarding the IE's treatment and course of care.

There was an IME by DR. dated 9/08 which stated he recommended no ongoing care, including chiropractic care, formal physical therapy, pain management, injections etc.

There is no additional information provided since that time which would warrant changing the recommendation of denying the request for massage. 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
- AHCP- 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

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- 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)

Pain. 2009 Oct 27. [Epub ahead of print]

Spinal cord stimulation for failed back surgery syndrome: Outcomes in a workers' compensation setting.

Turner JA, Hollingworth W, Comstock BA, Deyo RA.

Pain Pract. 2009 May-Jun;9(3):206-15. Epub 2009 Mar 5.

Demographic characteristics of patients with severe neuropathic pain secondary to failed back surgery syndrome.

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