

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** July 21, 2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Office visit (CPT code 97214); and Physical therapy to include Aqua therapy w/therapeutic exercises (CPT code 97113); E-stimulation (CPT code G0283); Ultrasound (CPT code 97035); and Manual therapy (CPT code 97140).

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

Diplomate of the American Chiropractic Neurology Board

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- Spine and Rehab, 02/17/09, 06/09/09, 06/16/09, 06/24/09
- Medical Consultants Network, 04/28/09
- Disability Center Inc., 06/01/09,
- 06/23/09, 07/01/09
- Direct, 06/16/09, 07/01/09
- Official Disability Guidelines, 2008

Medical records from the Requestor/Provider include:

- Images, Inc., 08/25/03
- Health Care System, 06/23/06
- Imaging, 08/14/06
- Spine and Rehab, 09/11/06, 09/14/06, 10/11/06, 10/13/06, 10/19/06, 10/23/06, 10/31/06, 11/01/06, 11/02/06 11/03/06, 11/06/06, 11/07/06, 11/08/06, 11/13/06, 11/16/06, 11/17/06, 11/20/06, 11/22/06, 11/28/06, 12/04/06, 12/06/06, 12/08/06, 12/12/06, 12/13/06, 12/15/06, 12/19/06, 12/29/06, 01/23/07, 01/24/07, 01/26/07, 01/29/07, 01/31/07, 02/02/07, 02/05/07, 02/07/07, 02/09/07, 02/13/07, 02/16/07, 02/19/07, 02/21/07, 02/27/07, 04/17/07, 05/07/07, 05/09/07, 05/29/07, 07/17/07, 08/08/07, 08/28/07, 10/02/07, 12/12/07, 01/15/08, 02/12/08, 03/11/08, 04/01/08, 04/15/08, 05/14/08, 06/17/08, 06/30/08, 07/02/08, 07/08/08, 07/10/08, 07/15/08, 07/17/08, 08/06/08, 09/10/08, 10/29/08, 02/17/09, 06/16/09
- Jr., M.D., P.A., 11/14/06, 11/15/06
- Spine, 01/04/07, 06/24/08, 07/22/08
- M.D., P.A., 04/24/07
- Surgery Center, 02/20/08, 01/27/09
- Diagnostic, 07/01/08

### **PATIENT CLINICAL HISTORY:**

The patient sustained a back contusion. An MRI of the lumbar spine reveals no focal disc herniation or nerve root impingement except for facet arthrosis. The patient also had a head contusion.

The patient has been seeing Dr. with chiropractic and physical therapy for several months. He has had aqua therapy, physical therapy, electrical muscle stimulation, ultrasound, EMG/nerve conduction study, EEG, and functional capacity evaluations.

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

Based on the information provided, I would uphold the denial in that care has not proven effective and is outside of the Official Disability Guidelines by quite a ways. The patient was at maximum medical improvement on September 21, 2006. The patient is taking over the counter medications. A medical doctor performed a required medical

examination and suggested a strength training program, and the patient has undergone that. At this point, continued office visits, physical therapy, aqua therapy, electrical stimulation, ultrasound, or manual therapy would be outside ODG Guidelines. Therefore, based on the information provided, the denial is upheld based on the Official Disability Guidelines and Chiropractic Quality Care Guidelines.

**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 KNOWLEDGBASE
- 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)**