



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

DATE OF REVIEW: 6-22-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chiropractic care, 2 visits/week for 6-8- weeks

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

Chiropractic medicine

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 3-9-09, DC., office visit.
- Office visits from 3-9-09 through 5-12-09 (13 visits).
- 4-1-09, MD., Utilization Review.
- 5-5-09 DC., Utilization Review.
- 5-15-09 DC., provided a letter.

PATIENT CLINICAL HISTORY [SUMMARY]:

First examination provided by Dr. dated xx-xx-xx notes the claimant was accidentally tripped by a student while at work on xx-xx-xx. The claimant reported headaches after the fall, pain in the mid back, radiating pain down the right arm, right knee swelling. The claimant reported she was nauseated immediately.

Office visits from xx-xx-xx through 5-12-09 (13 visits).

On 4-1-09, an adverse determination provided for two-office visits/week for 6-8 weeks by, MD., notes the ODG would allow to 6-office visit for this injury. Thus, the number of office visits would be allowable if there had not been 6 office visits already. The reviewer spoke with Dr. who reported the claimant had seen her even before the fall.

On 5-5-09, DC., provided an adverse determination for office visits/weeks for 6-8-weeks notes the claimant is a was tripped by a student on xx-xx-xx". She complained of pain in the mid back and a headache for several days after the fall. She also had stomachache for several days after the fall. Her initial evaluation was performed on xx-xx-xx. The notes are hand written and are not legible. Spoke with, DC., on 5-4-09. As initial exam/evaluation as performed on the claimant on 3-9-09. No follow-up exams have been performed since then. She states the claimant has already completed 10 visits of chiropractic care to date. The current request should be for chiropractic treatments 2 times a week for 6-8 weeks not office visits. The claimant is working her normal work duties. No recent exams or evaluations have been submitted since the initial exam/office visit, which was performed. There is no evidence of objective improvements form the 10 visits of chiropractic already provided. A trial of care with chiropractic is 6 visits to demonstrate objective improvements prior to further car of chiropractic already provided. This claimant is working normal work duties currently. The current request is not consistent with the evidence-based guidelines, ODG.

On 5-15-09, DC., provided a letter. She notes the claimant was accidentally tripped while working xx-xx-xx. She hit her right arm on lockers and fell hard on both knees, causing pain to both knees, both hips, low back and neck. The claimant also

experienced severe headaches and stomachache that persistent for several days before she was able to seek care. When she sought treatment on, her knees were badly bruised, as well as the right wrist. She had radiating pain down her right arm, muscle soreness throughout her body and a stomachache and a headache. The claimant had bilateral hip replacement, therefore she discussed seeing her orthopedic surgeon to check the condition of her hips. As a result of her fall, the claimant had severe paraspinal muscle spasms in her upper thoracic, cervical, lower thoracic, lumbar and pelvic spinal regions. Her pelvis was posteriorly rotated to the right, causing shortness of her right leg. The upper thoracic tension was causing nerve impingement down the right arm. This spasm was also contributing to severe headaches. Another concern of the claimant was that she was already taking a number of prescription medications on a daily basis. Mixing pain medications into her system was a risk she did not want to take. The evaluator notes that she provided a copy of notes that were kept in her office. No notes were requested of the office while reviewers were conducted by IMO.

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

Review of documentation submitted shows that initial adverse determination was based upon excessive and/or prior treatment with provider. However, on the date of this determination, records show claimant had received only 5 chiropractic treatments for injury described, as prior treatment is unrelated and irrelevant. Typically, a certification of a trial of an initial 6 sessions would have been expected at that time, with the provider understanding that a request for additional sessions must supported by objective/functional evidence of progress. There were no initial objective measures recorded upon initial presentation xx-xx-xx. Additionally, upon completion of the initial 5 treatments, there is no documentation of functional improvement, lasting improvement and/or changes in subjective complaints. Therefore, absent criteria/standards, medical necessity for additional care cannot be met, as neither objective measures nor daily notes support treatment beyond this six-visit trial, as required by evidence-based guidelines. Therefore, the request for chiropractic care, 2 visits/week for 6-8 weeks is not established as medically necessary.

ODG-TWC, last update 5-28-09 Occupational of the Low back – Chiropractic therapy:

Low back 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

ODG-TWC, last update 6-3-09 Occupational of the cervical spine – Chiropractic therapy:

ODG Chiropractic Guidelines –

Regional Neck Pain:

9 visits over 8 weeks

Cervical Strain (WAD):

Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks

Moderate (grade II): Trial of 6 visits over 2-3 weeks

Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity

Severe (grade III & auto trauma): Trial of 10 visits over 4-6 weeks

Severe (grade III & auto trauma): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity

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)