



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/2/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include a course of PT consisting of 8 sessions of 97012, 97140, 97014, 97010 and 97530.

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

The reviewer is a Doctor of Chiropractic with 15 years of experience in this field.

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)

The reviewer agrees with the previous adverse determination regarding code 97010; however, he disagrees with the previous adverse determination regarding all remaining services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Dr.

These records consist of the following (duplicate records are only listed from one source): : office visit notes of 1/26/09, 1/8/09 lumbar MRI report, 1/30/09 denial letter, undated denial letter by DC.

Dr. : office visit notes of 1/09/09 to 2/4/09, 1/14/09 patient pain form and 1/7/09 initial report.

We did not receive a copy of the Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker was injured on or about xx/xx/xx. The injury consisted of 'a lifting injury'. Pain was noted at a level of 10/10 in the lumbar spine with a left leg pain which was not rated in the evaluation. An MRI revealed bulging at L4/5 and protrusion at L5/S1 with nerve root encroachment on the left. Treatment to date has been palliative and passive.

The 1/14/09 visit notes his pain has reduced to a 7/10. The drawing also indicates bilateral leg pain. As of 1/23/09 his pain had reduced to a 5-6/10. According to the notes, the employer would not allow a light duty transition as he is a.

The carrier reviewer quotes the ODG chiropractic guidelines which indicate a 'trail of 6 visits over a two week period...with a total care of 18 visits over 18 8 weeks with functional improvement" The second carrier reviewer indicates that the patient has not improved 'enough' to warrant further treatment despite being unable to work.

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

This gentleman has shown functional improvement in his care to this point. An active therapeutic regimen would be medically appropriate at this time as per the ODG guidelines. He has not had an actual rehabilitative program consisting of 97530 or 97110; therefore, the second carrier reviewer's assertion that this gentleman is ready for a WC program is far fetched at this point.

This gentleman needs to be transitioned into an active rehab program consisting of active stretching and strengthening excercises. The continuation of passive therapeutics should be only used to allow the patient to continue with the 97530. Following these visits, the patient should be evaluated further and hopefully transitioned into a home program and/or a return to work program as per the carrier reviewer's suggestion. Code 97010 should be performed by the patient at home.

Therefore, the reviewer's recommendation per the ODG is approval of the services for all codes with the exception of 97010.

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)