Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/05/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Decompression x 20 Visits

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Chiropractor
AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Clinical practice 10+ years in Chiropractic WC WH Therapy

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
This xx-year-old male was involved in an occupational injury on xx/xxx/xx He stepped off a curb and injured his low back. He underwent an MRI of the lumbar spine, medication, physical therapy, traction, spinal manipulation, kinetic rehabilitation, chiropractic treatments, epidural injections, and non surgical spinal decompression. The claimant eventually underwent a low back surgery. The injured employee had a DDE performed on 10-09-2008. Twenty (20) units of non surgical spinal decompression are being requested at this time.

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

The injured employee currently does meet the required guidelines for Non Surgical Spinal Decompression/VAX-D. Per ODG non Surgical Spinal Decompression/VAX-D is not recommended. The reviewer finds that medical necessity does not exist for Lumbar

Decompression x 20 Visits.

VERTEBROPLASTY AXIAL DECOMPRESSION (VAX-D)

Not recommended. See Powered traction devices. A recent case series study (with no control) found that an 8-week course of traction using VAX-D was associated with improvements in pain intensity, but said that causal relationships between these outcomes and the intervention should not be made until further study is performed using randomized comparison groups. It should also be noted that this study excluded patients involved in litigation and those receiving workers' compensation. (Beattie, 2008) Only limited evidence is available to warrant the routine use of non-surgical spinal decompression, particularly when many other well investigated, less expensive alternatives are available. (Daniel, 2007

POWERED TRACTION DEVICE

Powered traction devices Not recommended. While there are some limited promising studies, the evidence in support of powered traction devices in general, and specifically vertebral axial decompression, is insufficient to support its use in low back injuries. Vertebral axial decompression for treatment of low back injuries is not recommended. VAX-D therapy may also have risks, including the potential to cause sudden deterioration requiring urgent surgical intervention. Decompression therapy is intended to create negative pressure on the spine, so that the vertebrae are elongated, pressure is taken off the roots of the nerve, and a disk herniation may be pulled back into place. Decompression therapy is generally performed using a specially designed computerized mechanical table that separates in the middle. The above information applies to other brands of powered traction devices as well, including DRX and Lordex. Although the American Medical Association (AMA), FDA and Centers for Medicare and Medicaid Services (CMS) all consider decompression therapy to be a form of traction, the manufacturers of these devices consider them different from traction devices. (Sherry, 2001) (Gose, 1998) (Colorado, 2001) (Deen, 2003) (Ramos, 2004) (Humana, 2004) (BlueCross BlueShield, 2004) (Martin, 2005) (Clarke, 2007) (Chou, 2007) The evidence suggests that any form of traction is probably not effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There was moderate evidence that autotraction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. (Clarke-Cochrane, 2005) The efficacy of spinal decompression achieved with motorized traction for chronic discogenic low back pain remains unproved. (Macario, 2006) The most recent incarnation of traction therapy is non-surgical spinal decompression therapy which can cost over $100,000. This form of therapy has been heavily marketed to manual therapy professions and subsequently to the consumer. Only limited evidence is available to warrant the routine use of this therapy, particularly when many

other well investigated, less expensive alternatives are available. (Daniel, 2007) The recent AHRQ review concluded that currently available evidence is too limited in quality and quantity to allow for the formulation of evidence-based conclusions regarding the efficacy of decompression therapy as a therapy for chronic back pain when compared with other non-surgical treatment options. (Jurecki-Tiller-AHRQ, 2007) A recent case series study (with no control) found that an 8-week course of prone lumbar traction (using VAX-D) was associated with improvements in pain intensity, but said that causal relationships between these outcomes and the intervention should not be made until further study is performed using randomized comparison groups. It should also be noted that this study excluded patients involved in litigation and those receiving workers' compensation. (Beattie, 2008) A retrospective chart review (with no controls) provided preliminary data that chronic LBP may improve with DRX9000 spinal decompression, but concluded that randomized double-blind trials are needed to measure the efficacy of such systems. (Macario, 2008) See also Traction.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)