



Specialty Independent Review Organization

**DATE OF REVIEW:** 5/11/09

**IRO CASE #:**

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

The services under dispute include an additional four sessions of chiropractic treatment to include manipulation.

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

The reviewer is a Doctor of Chiropractic who has been practicing for greater than 10 years.

**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 disagrees with the previous adverse determination in all its parts.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

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

These records consist of the following (duplicate records are only listed from one source): : 5/15/08 lumbar MRI report, 5/29/08 through 7/22/08 reports MD, 12/8/08 preauth request, SOAP notes by Dr. from 12/16/08 to 2/16/09 and preauth request of 3/18/09.

3/23/09 physician advisor report, 4/1/09 physician advisor report, 2/3/09 PBMM report, 2/4/09 approval letter, approval letter of 12/30/08, 12/12/08 approval letter, 12/11/08 PbMM report, SOAP notes from 9/29/08 to 2/16/09 by Dr., 8/5/08 to 11/17/08 reports MD, various DWC 73's, notes from Clinic from 3/30/08 to 5/20/08, notes of 5/15/08 from Hospital and 4/16/08 physician advisor report.

Dr.: - 9/8/08 patient intake paperwork and DWC 53 of 9/18/08.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The records indicate that this lady was injury on xx-xx-xx. The injury occurred while lifting boxes at work. The current treating doctor is at least her second treating doctor according to the records. Prior to chiropractic treatment she was treated conservatively with pain medications. A lumbar MRI indicated anterolisthesis at L5/S1 and T12/L1. Also noted is compression of bilateral nerve roots with moderate DDD at L4/5. Chiropractic manipulation has been performed with reduction in symptoms. She started with a pain scale of 6/10 and as of 5/28/08 her scale was to a 10/10 according to Dr.. The visit of 2/16/09 indicated her pain was reduced to a 3/10. However, she had been placed at MMI by the designated doctor on 11/17/08 with a 5% WP IR.

The current request for 4 additional visits of chiropractic care is denied by the carrier secondary to the ODG. The last daily note indicates manipulation and kinetic mobilization therapy has been administered to the patient.

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

The ODG for this type of injury indicates “Recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. “ The criteria for treatment indicates a recent comprehensive meta-analysis of all clinical trials of manipulation has concluded that there was good evidence for its use in acute, sub-acute, and chronic low back pain, while the evidence for use in radiculopathy was not as strong, but still positive. It “recommend(s) an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period”.

The reviewer indicates that this data can be construed to allow for up to 24 chiropractic manipulations over this time period. This patient has received approximately 14 according to the peer reviewer’s report and the records received. Therefore, the request for 4 additional treatments is medically necessary according to the ODG criteria in the lumbar spine section.

**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)