

Becket Systems

An Independent Review Organization
9219 Anderson Mill Road #1012
Austin, TX 78729
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Three Sessions of Chiropractic Care

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

Chiropractor, AADEP Certified
Whole Person Certified
Certified Electrodiagnostic Practitioner

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 10/23/09, 10/28/09
Injury Center Dr., DC, 10/16/09, 8/19/09, 3/13/09
Electrodiagnostic Results, 11/26/07
MRI Lumbar Spine with Flexion and Extension, 11/9/07
MD, 8/17/09
Operative Report, 7/28/08
MD, 5/23/08, 12/21/07
Operative Report, 1/18/08
Independent Medical Examination, 8/19/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female who injured her lower back on xx/xx/xx while lifting an object. She underwent an EMG/NCV, MRI, LESI, medication, and therapy. She is more than two years post injury. In August 2009, the patient was seen by Dr. who recommended surgery, but the patient has at this time declined surgical intervention. During 2009, the patient completed 12 sessions of chiropractic care. According to a letter dated 10/28/09 from , the patient experienced an increase in symptoms following workouts at the gym. Her chiropractor has recommended three additional sessions which are the subject of this independent review.

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

The documentation submitted does not meet the MTUS guidelines of 1-2 sessions every 4-6 months with documented treatment success. In addition, the request does not conform to the Official Disability Guidelines and Treatment Guidelines, nor does it meet the ACOEM criteria for chiropractic care. The ACOEM Guidelines note that at 2 years post-injury the patient should be engaged in a home exercise program. The request does not conform to the guidelines. The reviewer finds that medical necessity does not exist for Three Sessions of Chiropractic Care .

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

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)

MTUS Chronic Pain Guidelines page 61 & 62.