

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: August 2, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twelve physical therapy visits between 06/23/2010 and 08/22/2010

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

AMERICAN CHIROPRACTIC ACADEMY OF NEUROLOGY

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

Medical records from the URA include:

Health Care, 03/23/09
M.D., 03/23/09
Workers' Comp Services, 04/15/09
Spine and Rehab, 06/23/10, 06/29/10, 07/01/10, 07/20/10, 07/21/10
, 06/28/10, 07/07/10
Health Solutions, 06/28/10, 07/07/10
Health Insurance Claim Form, 03/23/09

Medical records from the Carrier include:,

07/01/10

Medical records from the Provider include:

, 04/13/06
Spine and Rehab, 12/21/06, 12/22/06, 12/27/06, 12/28/06, 12/29/06, 01/03/07, 01/04/07,
01/08/07, 01/09/07, 01/10/07, 01/18/07, 01/19/07, 01/22/07, 01/24/07, 01/26/07,
01/30/07, 02/05/07, 02/07/07, 02/26/07, 03/06/07, 03/19/07, 03/30/07, 04/13/07,

04/16/07, 04/18/07, 04/20/07, 04/23/07, 04/25/07, 05/15/07, 05/30/07, 06/19/07,
06/19/07, 07/05/07, 07/12/07, 07/19/07, 07/26/07, 08/06/07, 08/08/07, 08/09/07,
08/16/07, 08/23/07, 09/06/07, 09/25/07, 10/17/07, 10/30/07, 12/28/07, 01/14/08,
02/06/08, 02/08/08, 02/13/08, 02/15/08, 02/18/08, 02/20/08, 02/26/08, 02/27/08,
02/28/08, 02/29/08, 03/03/08, 03/07/08, 03/27/08, 03/28/08, 03/31/08, 04/02/08,
04/04/08, 04/14/08, 04/16/08, 04/22/08, 04/23/08, 04/25/08, 04/28/08, 04/30/08,
05/02/08, 05/30/08, 06/30/08, 07/30/08, 09/02/08, 09/17/08, 09/24/08, 09/29/08,
10/01/08, 10/06/08, 10/08/08, 10/09/08, 11/03/08, 12/04/08, 12/16/08, 01/06/09,
01/13/09, 02/11/09, 02/17/09, 02/18/09, 02/23/09, 02/24/09, 02/25/09, 03/09/09,
03/10/09, 03/11/09, 03/16/09, 03/17/09, 03/18/09, 03/24/09, 03/25/09, 03/30/09,
03/31/09, 04/01/09, 04/06/09, 04/07/09, 04/08/09, 04/20/09, 04/21/09, 04/23/09,
05/08/09, 06/01/09, 07/01/09, 07/07/09, 08/03/09, 08/11/09, 09/03/09, 09/10/09,
09/15/09, 09/30/09, 10/05/09, 10/06/09, 10/07/09, 10/12/09, 10/13/09, 10/14/09,
10/26/09, 10/28/09, 11/02/09, 11/03/09, 11/09/09, 11/10/09, 11/11/09, 11/16/09,
11/23/09, 11/24/09, 11/25/09, 11/30/09, 12/01/09, 12/02/09, 12/08/09, 01/12/10,
02/17/10, 03/16/10, 04/27/10, 05/10/10, 06/01/10, 06/23/10, 06/29/10, 07/01/10,
07/06/10, 07/07/10, 07/19/10, 07/20/10, 07/21/10
M.D., 09/12/07
Hospital, 11/16/07, 11/18/07
Imaging & Treatment Center, 04/19/10
, 06/28/10

PATIENT CLINICAL HISTORY:

This is a male who was involved in a motor vehicle accident while at work on xx/xx/xx. A review of the extensive medical records indicates the patient has been treated by, D.C. His diagnoses include: 1) Status post L4-5 decompression and fusion with bone growth stimulator. 2) Status post removal of hardware and bone growth stimulator, and reported repair of pseudoarthrosis of L4-5 and L5-S1 with additional bone grafting. 3) Chronic lumbar/lumbar radicular-type syndrome as a result of failed back surgery syndrome.

A review of the original MRI of the lumbar spine revealed disc protrusion with annular tear associated with moderate narrowing of the upper aspect of the left lateral recess with possible mild compression of the traversing left S1 nerve root.

A review of the initial evaluation revealed the patient was driving from a conference, when he came to a complete stop and another vehicle rear-ended his vehicle. At the time of the accident, the patient was wearing a seatbelt.

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

A review of the extensive medical records revealed that the treating physician has requested, therefore, twelve additional physical therapy sessions after four years of treatment.

A review of the previous pre-authorization request via Health Solutions, , D.C., dated June 28, 2010, as well as, D.C., dated July 7, 2010, they did not certify the

pre-authorization for twelve sessions of physical therapy. An extensive review of the medical records indicates that decision for deny of the pre-authorization is sustained based on the ODG Guidelines.

This patient had an extensive series of physical therapy modalities and conservative treatment, as well as surgical intervention with two-level interbody fusion, work conditioning, and work hardening for the past four years. There is no clinical indication based on the ODG Guidelines that an additional twelve visits would reveal any remarkable clinical improvement. A series of home exercise would be beneficial for this patient reportedly. Also, the clinical records reveal that this patient is not working at the present time.

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)