

## Notice of Independent Review Decision

**DATE OF REVIEW: JUNE 15, 2010**

**IRO CASE #:**

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

Chiro 3 x 3, back/neck

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

This reviewer is licensed by Texas Board of Chiropractic Examiners with 14 years of experience.

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

On March 31, 2010, , D.C. a chiropractor evaluated the claimant. Her pain levels were 7/10 of the cervical spine, 9/10 of the lumbar spine, 7/10 of the thoracic spine and 6/10 of the right shoulder on the VAS pain scale. She previously completed 5-6 therapy treatments with a different doctor. MRI's reviewed of the cervical and lumbar spine revealed multiple disc herniations, canal narrowing and foraminal narrowing. Dr. prescribed therapy 3 times a week for 3 weeks. Diagnosis: Cervical disc displacement, lumbar disc displacement, brachia neuritis, thoracic/lumbosacral neuritis, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, headache and right shoulder sprain/strain.

On April 20, 2010, , D.C. a chiropractor re-evaluated the claimant. Her pain levels were 7/10 of the cervical spine, 9/10 of the lumbar spine, 7/10 of the thoracic spine and 6/10 of the right shoulder on the VAS pain scale. The Oswestry Disability Index and Neck Disability Index showed a 76% disability for the lumbar spine and 76% disability for the cervical spine with a 20% decrease in the last 4 treatments. Following therapy she had an increased sensations in the left upper extremity. She will continue treatment 2 times a week for 2 weeks.

On April 29, 2010, , D.C. a chiropractor re-evaluated the claimant. Her pain levels were 6/10 of the cervical spine, 7/10 of the lumbar spine, 5/10 of the thoracic spine and 6/10 of the right shoulder on the VAS pain scale. She reported the numbness in her left leg is decreased, however, she continues to have numbness in the left index finger.

On April 29, 2010, , D.C. a chiropractor re-evaluated the claimant. Her pain levels were 5/10 of the cervical spine, 7/10 of the lumbar spine, 5/10 of the thoracic spine and 6/10 of the right shoulder on the VAS pain scale. She stated that her symptoms have decreased with recent therapy. The Oswestry Disability Index and Neck Disability Index showed a 56% disability for the lumbar spine and 56% disability for the cervical spine with a 20% decrease in the last 4 treatments.

On May 13, 2010, , D.C., a chiropractor, performed a utilization review on the claimant. Rationale for Denial: The claimant has now exceeded the recommended amount of therapy sessions and by 3 different doctors. There are no neural dysfunction, no metabolic pathology and no red flags to justify exceeding the guides as requested.

On May 25, 2010, , D.C. a chiropractor re-evaluated the claimant. Her pain levels were 6/10 of the cervical spine, 7/10 of the lumbar spine, 6/10 of the thoracic spine and 6/10 of the right shoulder on the VAS pain scale. Her symptoms have remained stable, she will return as needed.

On June 8, 2010, , D.C, a chiropractor, performed a utilization review on the claimant. Rationale for Denial: The records do not support further treatment.

#### **PATIENT CLINICAL HISTORY:**

The claimant is female with complaints of neck pain, back pain and right shoulder pain. The claimant was injured on xx/xx/xx when she was pulling and twisting boxes and files at work.

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

Recommendation of chiropractic care based on evidence of objective functional improvement for cervical strain, thoracic strain, and lumbar strain is up to a total of 18 visits over 6-8 weeks, per the ODG – Official Disability Guidelines and Treatment Guidelines. The claimant has received chiropractic care in excess of this amount of time with minimal improvement documented by the physician. On May 25, 2010, , D.C. noted after performing a re-evaluation that the claimant's symptoms remained stable, and the claimant would return to his clinic for care on an as needed basis. Elective/maintenance chiropractic is not medically necessary per the ODG. Based on the documentation provided, no further chiropractic care is warranted.

**Per the ODG Guidelines:  
Cervical Spine:**

Manipulation	<p><b>ODG Chiropractic Guidelines – Regional Neck Pain:</b></p> <p>9 visits over 8 weeks</p> <p><b>Cervical Strain (WAD):</b>  Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks  Moderate (grade II): Trial of 6 visits over 2-3 weeks  Moderate (grade II): With evidence of objective <a href="#">functional improvement</a>, total of up to 18 visits over 6-8 weeks, avoid chronicity  Severe (grade III &amp; auto trauma): Trial of 10 visits over 4-6 weeks  Severe (grade III &amp; auto trauma): With evidence of objective <a href="#">functional improvement</a>, total of up to 25 visits over 6 months, avoid chronicity</p> <p><b>Cervical Nerve Root Compression with Radiculopathy:</b>  Patient selection based on previous chiropractic success --  Trial of 6 visits over 2-3 weeks  With evidence of objective <a href="#">functional improvement</a>, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care</p> <p><b>Post Laminectomy Syndrome:</b>  14-16 visits over 12 weeks</p>
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**Lumbar and Thoracic Spine:**

Manipulation	<p><b>ODG Chiropractic Guidelines:</b></p> <p><i>Therapeutic care –</i>  Mild: up to 6 visits over 2 weeks  Severe:* Trial of 6 visits over 2 weeks  Severe: With evidence of objective <a href="#">functional improvement</a>, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity</p> <p><i>Elective/maintenance care –</i> Not medically necessary</p> <p><i>Recurrences/flare-ups –</i> Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care</p> <p>* Severe may include severe sprains/strains (Grade II-III<sup>1</sup>) and/or non-progressive radiculopathy (the ODG Chiropractic Guidelines are the same for sprains and disc disorders)</p>
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**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)