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Notice of Independent Review Decision

DATE OF REVIEW: 3-28-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 18 chiropractic visits between 2/8/09 and 4/9/09.

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

The reviewer is a Doctor of Chiropractic. The reviewer has been practicing for greater than 15 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 agrees with the previous adverse determination regarding the prospective medical necessity of 18 chiropractic visits between 2/8/09 and 4/9/09.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Clinic and Dr

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Clinic: 1/26/11 scripts for Chiropractic and PT care, various HICFA 1500 forms, 6/26/09 report by MD with a functional limitations and impairment ratings page,

1/31/11 and 2/15/11 letters by UR dept, 2/8/11 appeal request letter by DC, 2/8/11 letter by MD, various DWC 73 forms, 3/24/10 DWC 69 with report by MD, 1/25/11 handwritten preauth form, 1/20/11 office note by ARNP, 2/11/11 report by MD and ODG guides regarding cervical spine.

Dr.: 5/5/10 to 2/17/11 office notes by ARNP, 7/10/10 to 10/8/10 office notes by Dr., and an undated script for chiropractic therapy.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records indicate that this XX year old injured worker was hurt while on the job when he was struck in the head by a 4x4. The reports indicate this yielded a depressed skull fracture. His pain has reduced to 3 out of 10 on a normal basis within the last few months. He continues to suffer with headaches, difficulty sleeping, cervical and lumbar pain. Records indicate he has neurological issues relating to thought, reflexes and sensation. He has been treated conservatively without surgical interventions. Treatment recommendations have included PT, Chiropractic, Injections and Counseling. The records reference degenerative changes in the cervical spine; however, the report was not provided for direct perusal.

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

Quebec task force whiplash grades are listed below. The Quebec Task Force Scientific Monograph, considered the "Gold Standard" of whiplash research, was published in 1995. (Spitzer, 1995) The Quebec Task Force classified WAD into five grades of severity below.

Quebec task force whiplash grades:

- Grade 0: –No neck pain, stiffness, and no physical signs of neck injury.
- Grade 1: –Neck complaint consisting of pain, stiffness or tenderness only, no physical signs of neck injury.
- Grade 2: –Neck complaint and musculoskeletal signs, such as decreased range of motion and point tenderness in the neck.
- Grade 3: –Neck complaint and neurological signs such as decreased or absent deep tendon reflexes, weakness and sensory deficits.
- Grade 4: –Neck complaint and fracture or dislocation, or injury to the spinal cord.

This patient qualifies for a grade 3 rating based upon his treating doctors notes in which hypoactive reflexes are noted on 1/20/11. According to the ODG, this qualifies the patient for a trial of care of up to 10 chiropractic treatments which can continue up to 25 visits over a six month period with functional improvement. However, the request as presented requests 18 visits without demonstration of objective functional improvement; therefore, it must be found as not medically necessary at this time.

Cervical Strain (WAD):

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 functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity

Severe (grade III & auto trauma): Trial of 10 visits over 4-6 weeks.

Severe (grade III & auto trauma): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity.

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)