



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/5/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of work conditioning for the thoracic and lumbar spine – 10 sessions (40 hours).

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

The reviewer is a Doctor of Chiropractic.

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 work conditioning for the thoracic and lumbar spine – 10 sessions (40 hours).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: FCE Report – 1/5/12, Assessment/Physical Examination – 10/3/11; DWC69 – 12/9/11; DWC73; DDE Report – 12/31/11; MRI of the – 12/16/11; MRI of the Lumbar Spine w/o Contrast – 11/7/11; and report – 11/1/11.

Records reviewed from
Assessment / Physical Examination – 10/27/11, Appeal Request – 2/10/12; Initial Consultation Report – 10/20/11; and X-ray Thoracic and Lumbar Spine – 10/12/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records the patient was injured on xx/xx/xx. He felt cramps in his back afterwards. He was initially treated with 10 sessions of therapy, pain medications, and muscle relaxers. At the time of initial therapy, he was stated to have tenderness and spasm over his thoracic and lumbar spine.

On 10/12/2011, the patient received plain film x-rays of his thoracic and lumbar spine. This revealed disk space narrowing at T12-L1 and L3-4 with anterior spondylosis at these levels. On December 16, 2011, MRI studies of the thoracic spine showed a 2 mm right paracentral disc protrusion with desiccation at all levels. In addition, a lumbar MRI was performed on 11/7/2011 and revealed right paracentral 5 mm disc herniation at T10-11 creating compression of the right side cord with right sided foraminal encroachment. In addition, bilateral posterolateral disc protrusion/herniations at L3-4 were noted on the right measuring 4 mm.

The injured worker was evaluated by on 10/20/2011. The doctor states the patient's chief complaint is frequent and sharp pains in his mid and low back without radiation to his extremities. Decreased ROM in his lumbar spine was noted in flexion and extension with overlying spasm and tenderness in the right thoracolumbar paraspinal muscles. Deep tendon reflexes were 2+ and symmetrical. Positive straight leg raise bilaterally were noted on exam. The physician recommended prescriptive medication to include Vicodin and Flexeril. The continuation of chiropractic treatments were mentioned and the future possibility of MRIs.

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

According to the ODG criteria for admission to a Work Hardening Program there must be an adequate trial of active physical rehabilitation with improvement followed by plateau. The documentation mentioned participation of the patient in physical rehabilitation therapy consisting of massage and exercises two times a week for 3 weeks, however, no documentation was reviewed that exhibited outcome. There was no documentation of what exercises were performed and how the patient responded to the treatments or whether a plateau was reached. Therefore, according to the ODG Treatment Guidelines, work conditioning is not medically necessary in this case.

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)