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Notice of Independent Review Decision
(Revised Correction)

Date notice sent to all parties:

April 21, 2016

Revised notice sent to all parties:

May 2, 2016

Corrected Revised notice sent to all parties:

May 3, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal Chiropractic treatment x 10 visits over 3 months

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

Licensed Chiropractor

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured on XX/XX/XX when she was struck in the back

by a X. The patient had been followed for complaints of neck pain as well as low back pain. The patient was followed X through XX/XXXX. The XX/XX/XX clinical record noted mild to moderate neck pain and mid back pain as well as more significant pain in the right hip and right buttock region. On physical examination there was muscle spasms and subluxation at C5 with limited cervical range of motion. Myofascial spasms were also noted in the thoracic region. The patient received manual traction myofascial release therapy at this evaluation. No recent clinical evaluation was available for review. The requested chiropractic treatment was denied by utilization review on XX/XX/XX as the records did not include any specific functional gains with chiropractic therapy. The request was again denied on XX/XX/XX as maintenance treatment was not recommended given the date of injury and there were no clear objective findings regarding functional benefit.

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

The patient received an unspecified amount of chiropractic therapy through XX/XX/XX provided by X. There were no recent clinical assessments of the patient noting any continuing functional limitations due to the date of injury that would require further chiropractic therapy. The amount of functional improvement or pain relief was not quantified in X's records. Without any exceptional factors evident in the clinical documentation to support ongoing chiropractic therapy for injury that is now several years old, it is this reviewer's opinion that medical necessity for request is not established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Chiropractic Guidelines –

- **Regional Neck Pain:**

9 visits over 8 weeks

- **Cervical Strain:**

Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below.

- **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): Trial of 10 visits over 4-6 weeks

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

- Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success -- Trial of 6 visits over 2-3 weeks

With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care

- Post Laminectomy Syndrome:

14-16 visits over 12 weeks