

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that office visits, reports, and work conditioning were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that office visits, reports, and work conditioning fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 3-14-01 through 1-15-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of July 2002.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

NOTICE OF INDEPENDENT REVIEW DECISION **CORRECTED LETTER**
NOTE: Requested Service(s), Decision, and Rationale/Basis for Decision

June 4, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2192-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse

determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 51 year old female with a previous work related injury with right L4 nerve root radiculopathy, from which she had a good recovery, suffered a second work related injury on ___ while cleaning under the bleachers on all fours, when she reached for a piece of paper and hurt her low back with pain radiating to her right thigh and leg. The nature of the injury was diagnosed as a "strain". The patient saw multiple doctors and had multiple evaluations, laboratory studies and pain management treatment approaches, including epidural and SI joint injections, nerve blocks and pain medication.

Requested Service(s)

Office visits between 03/14/01 and 01/15/02; reports between 03/22/01 and 12/17/01; and work conditioning between 04/26/01 and 05/02/01.

Decision

The office visits between 03/14/01 and 01/15/02; reports between 03/22/01 and 12/17/01; and work conditioning between 04/26/01 and 05/02/01 were not medically necessary.

Rationale/Basis for Decision

The patient received chiropractic treatment for a work related injury that occurred on ____. The patient was initially treated with multiple lumbar nerve blocks, multiple epidural steroid injections, Toradol injections, sacroiliac injections, a TENS unit, and an extensive course of passive and active care. The records indicated that the patient, while under the care of ____, participated in a work conditioning program from 06/01/99 through 06/25/99. The patient had another epidural steroid injection after the work conditioning program and little change was noted in her condition.

The patient was placed in an active care program again in May of 2000 and her pain level was unchanged by the active care administered. The patient changed treating doctors and began treatment with the chiropractor on 06/20/00 and was treated for 20 months with no change in her condition. The medical records reviewed demonstrated no change in the patient's condition from the care rendered from 06/20/00 through 03/07/01.

Due to the lack of response to the treatments administered from 06/20/00 through 03/07/01, the continuation of office visits, reports and work conditioning treatments between 03/14/01 and 01/15/02 were not medically necessary to treat the patient's condition. The patient in this case had an adequate trial of care and was unresponsive to the treatments administered. An adequate trial of care is defined as a course of two weeks each of different types of manual procedures (4 weeks total) after which, in the absence of documented improvement, manual procedures are no longer indicated (*Haldeman, S., Chapman-Smith, D., and Peterson, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg,*

Maryland, 1993). The patient has had a protracted course of care in excess of the parameters delineated by the aforementioned document and has not demonstrated a favorable response to treatment.

_____, noted that, based on the most recent and comprehensive systematic reviews, there is moderate evidence of short-term efficacy for spinal manipulation in the treatment of both acute and chronic low back pain. There is insufficient data available to draw conclusions for lumbar radiculopathy. The evidence is also not conclusive for the long-term efficacy of spinal manipulation for any type of low back pain (Bronfort, G., "Spinal Manipulation: Current state of research and it's indications", *Neurol Clin* 1999 Feb; 17 (1):91-111) .

Chiropractic literature indicates that little is to be gained from prolonged courses of chiropractic care if there has not been adequate response in the first month of care. Bronfort (*Bronfort, G., "Chiropractic treatment of low back pain: A prospective survey", JMPT, 9:99-113, 1986*) found that there was little improvement occurring in patients who responded poorly to the first month of care. In other words, the maximum benefits of manipulation are realized in the first month of care in the majority of patients, with diminishing returns after the first month of treatment. A review of the progress notes from the first month of care revealed little change in the patient's condition. Therefore continued care was not indicated.

Sincerely,