MDR Tracking Number: M5-02-2312-01

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, physical therapy, and range of motion were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that fees for office visits, physical therapy, and range of motion 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 7-6-01 through 12-10-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of September 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

August 28, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2312-01
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 48 year old male sustained a work related injury on ___ when he was lifting iron and felt pain in his low back. The patient was diagnosed with lumbosacral strain and began treatment with a chiropractor. He underwent epidural steroid injections on four occasions and went through a five-week work-conditioning program in February of 2000. He then underwent a series of facet injections in May and June of 2000.

Requested Service(s)

07/06/01 – 95851, Range of motion
07/13/01 through 12/10/01 – 99213, Office visits for an established patient
07/13/01 – 97014, electrical stimulation; 97035, ultrasound; 97250, myofascial release; 97265, joint mobilization.

Decision

It is determined that the following services billed on the following dates were not medically necessary to treat this patient's condition:
07/06/01 – 95851, Range of motion
07/13/01 through 12/10/01 – 99213, Office visits for an established patient
07/13/01 – 97014, electrical stimulation; 97035, ultrasound; 97250, myofascial release; 97265, joint mobilization.

Rationale/Basis for Decision

The patient was certified at maximum medical improvement (MMI) in August of 2000 and the designated doctor's evaluation in May of 2001 revealed no improvement from treatment provided. The course of care initiated by the chiropractor from July 2001 through December 2001 consisted solely of manipulation and the use of passive physical therapy modalities and procedures. There were no examinations performed and no additional history was noted in the records reviewed. The sustained use of passive modalities in the treatment of a patient with chronic lower back pain is not indicated especially when no appreciable clinical improvement was documented from the procedures used.

As noted, the sustained use of passive modalities was not medically necessary. The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (e.g., thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding

efficacy. (Ref: "Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain." Phys Ther. 2001; 81:1641-1674.)

The Agency for Health Care Policy and Research: Clinical Practice Guideline Number 14, "Acute Low Back Problems in Adults" indicates the "the use of physical agents and modalities in the treatment of acute back problems is of insufficiently proven benefit to justify its cost." They did note that some patients with acute low back problems appear to have temporary symptomatic relief with physical agents and modalities. Therefore, the use of passive physical therapy modalities (hot/cold packs, electrical stimulation) is not indicated after the first 2-3 weeks of care.

Hurwitz, et al studied the net effect of physical modalities on low back pain outcomes among chiropractic patient in a managed-care setting. Clinically relevant improvements in average pain and disability were more likely in the modalities group at 2 and 6 weeks, but this apparent advantage disappeared at 6 months. Perceived treatment effectiveness was greater in the modalities group. The authors concluded that physical modalities used by chiropractors did not appear to be effective in the treatment of patient's with low back pain, although a small short-term benefit for some patient cannot be ruled out. (Ref: Eric L. Hurwitz, et al, "The effectiveness of Physical Modalities Among Patients With Low Back Pain Randomized to Chiropractic Care: Findings From the UCLA Low Back Pain Study ", JMPT, Vol. 25, No. 1, 2002.)

With respect to the sustained use of manipulative procedures with no observable benefit in a case of chronic back pain, the medical literature demonstrates no efficacy for the use of the procedure. 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 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. (Bronfort, G., "Chiropractic treatment of low back pain: A prospective survey", JMPT, 9:99-113, 1986)

Bronfort also noted that, based on the most recent and comprehensive systematic review, 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 regarding the efficacy for lumbar radiculopathy. The evidence is also not conclusive for the long term efficacy of spinal manipulation for any type of low back pain. (Ref: Bronfort G. "Spinal manipulation: current state research and its indications." Neurol Clin 1999 Feb;17(1):91-111.)

Sincerely,