

June 12, 2003

Re: Medical Dispute Resolution
MDR #: M5-02-2668-01

has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic medicine.

Clinical History:

This male claimant sustained an occupational injury to his lumbar spine on 02/23/01. His treatment has consisted of physical modalities, joint mobilization, and rehabilitation. A diagnostic and therapeutic bilateral L-5, L-4, and L5-S1 lumbar facet block under fluoroscopy was recommended in July 2001.

Disputed Services:

Physical medicine procedures from 07/20/01 through 07/23/01.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the physical medicine procedures were medically necessary in this case.

Rationale for Decision:

This patient's treatment plans were derived from the TWCC Spine Treatment Guidelines. His history and objective findings were used to place the patient in the Initial Phase of Care as defined by these guidelines. As part of the initial phase, the claimant was appropriately prescribed therapeutic exercises.

The ultimate end result of this treatment was to place the patient at Maximum Medical Improvement (MMI), and, hopefully, allow him to

return to work without restrictions. MMI is, in essence, a point at which there is not expected to be further appreciable improvement in the patient's overall condition with continued active treatment. The goal of the Initial Phase of Care is to prevent disease, alleviate or minimize the effect of the illness or injury, and to maintain function.

The records indicate that the therapeutic exercises in question helped the claimant make strength gains and perceived a decrease in symptoms. The therapeutic exercises produced a positive gain in the patient's symptoms and enhanced the patient's ability to return to his employment.

I am _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,