

October 7, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2786.01
IRO Certificate No.: IRO 5055

Dear

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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. Your case was reviewed by a physician who is Certified in Chiropractic Medicine.

The physician reviewer **AGREES** with the determination of the insurance carrier in this case. The reviewer is of the opinion that the office visits, working conditioning and work hardening from 11.01.01 through 12.05.01 were **NOT MEDICALLY NECESSARY**.

I am the Secretary and General Counsel of ___ 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is for ____. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2786-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of office visits and work conditioning from 11/01/01 to 12/05/01.
2. Correspondence and documentation from carrier.

3. Designated peer evaluations.
4. Treating doctor's records.

B. BRIEF CLINICAL HISTORY:

The patient was injured on ____, lifting bags at ____. He was diagnosed by ____ with lumbar subluxation, lumbar intervertebral disk with myopathy, with lumbar strain/sprain and radiculitis. The patient, while still under ____ care, started on work conditioning program on November 1, 2001, followed by work hardening.

C. DISPUTED SERVICES:

____ services from 11/01/01 to 12/05/01. These services include office visits, work conditioning, and work hardening.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. I FEEL THE OFFICE VISITS, WORK HARDENING, AND WORK CONDITIONING FROM 11/01/01 THROUGH 12/05/01 WERE NOT MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

My rationale is based on the progress of the patient not being substantiated, and treatment is not supported by appropriate diagnostic testing and documentation. ____ report on 10/31/01 stated that no further treatment was needed. On ____ report dated 10/31/01, he had also stated the treating doctor, ____, had not discussed returning to work with the patient. Therefore, some of the patient's interests were not fully appreciated. If work conditioning and work hardening were necessary for the patient, this should have been started at an earlier date. When a patient is no longer progressing, objectively or subjectively, it is the treating doctor's duty to change the treatment, refer out, or release the patient from care.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is

no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 2 October 2002