# MEDICAL REVIEW OF TEXAS

**[IRO #5259]**

**3402 Vanshire Drive Austin, Texas 78738**

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

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| TWCC Case Number: | |
| MDR Tracking Number: | M5-04-3228-01 |
| Name of Patient: | |
| Name of URA/Payer: | Neuromuscular Institute of Texas |
| Name of Provider: (ER, Hospital, or Other Facility) | Neuromuscular Institute of Texas |
| Name of Physician: (Treating or Requesting) | Daniel Brad Burdin, DC |

July 29, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY
Patient is a 43-year-old female housekeeper who, on 05/__/03, injured her right forearm, hand, shoulder and neck after lifting a mattress at work. She subsequently received chiropractic care including physical medicine, and eventually underwent steroid injections.

REQUESTED SERVICE(S)
DME (A4209), consultation (99243), needle EMG (95860), NCV motor w/o F-wave (95900), NCV sensory (95904), and office visit (99214) on 08/26/03, 09/02/03, 09/16/03, 09/23/03 and 10/09/03.

DECISION
Denied.

RATIONALE/BASIS FOR DECISION
According to the records submitted, the treating doctor recommended EMG/NCV testing after first seeing the patient on 06/16/03. Shortly thereafter on 06/19/03 – and after no response to care – the treating doctor performed the first cervical manipulation. At the time of the first manipulation, the patient's pain rating was recorded at 8/10 ("10" representing the highest possible pain), and following the manipulation, it decreased to 3-4/10 on date of service 07/24/03, which also was when the last documented manipulation occurred. After spinal manipulation was discontinued, the patient's pain rating increased to 6/10 on 08/21/03.

Since several randomized studies[1] [2] [3] have proven the effectiveness of spinal manipulation for patients with cervical

[1] Hurwitz EL, Morgenstern H, Harber P, Kominski GF, Yu F, Adams AH. A randomized trial of chiropractic manipulation and mobilization for patients with neck pain: clinical outcomes from the UCLA neck-pain study. Am J Public Health. 2002 Oct;92(10):1634-41.
[2] Hoving JL, Koes BW, de Vet HC, van der Windt DA, Assendelft WJ, van Mameren H, Deville WL, Pool JJ, Scholten RJ, Bouter LM. Manual therapy, physical therapy, or continued care by a

spine symptoms and conditions, it is perplexing to this reviewer why a doctor of chiropractic would discontinue a treatment (spinal manipulation) that was having beneficial effect, yet continue to steadfastly express the necessity for EMG/NCV testing as the patient's subjective pain levels increased.

In this case, no documentation whatsoever was supplied to indicate how treatment would have changed had the tests been positive. Moreover, the tests in question for the dates specified were medically unnecessary since they did not relieve the patient's symptoms, promote recovery or enhance the patient's ability to return to work.

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general practitioner for patients with neck pain. A randomized, controlled trial. Ann Intern Med. 2002 May 21;136(10):713-22.

[3] Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G, Cervical overview group. Manipulation and Mobilisation for Mechanical Neck Disorders. Cochrane Database Syst Rev. 2004;1:CD004249.