NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 1, 2004

RE: **MDR Tracking #:** M5-04-2361-01
IRO Certificate #: 5242

FORTE 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 FORTE for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

FORTE has performed an independent review of the proposed 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 Chiropractic reviewer who has an ADL certification. The reviewer 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

The claimant allegedly received injury to the low back region, while performing occupational duties as paramedic for the _____ on 8/18/01. The said injury resultant of an apparent patient transfer onto stretcher, reportedly causing immediate onset of pain in the low back and radiating buttock pain.

The claimant received initial treatment from _____ on 8/22/01, for the radicular low back pain, who prescribed medication and therapy for the diagnosis of; herniated disc with neuropathy. He also recommended a lumbar MRI, which was performed on 8/30/01; denoting degenerated 2mm disc bulge at L3-L4, the same at L4-L5 with a 2mm anterolisthesis, minimal degenerated bulge at L5-S1 with a 3 mm bulge at that level without compromising the neuroforamina or spinal stenosis. The claimant is noted to have additionally complained of increased neck pain on 4/09/02 with _____. The final documented visit with _____ is dated 8/05/02 noting diagnosis at that time as; herniated disc and neuropathy.

The claimant changed treating doctors on 7/24/02, from _____ to _____, due to his continued symptomatology, depressive mental state, current treatment program being non-progressive and lacking significant improvement in his recovery process, in hopes for an individualized, aggressive treatment program.

A referral from _____ to _____ was made for medication prescription and x-rays of the cervical, thoracic and lumbar spine performed on 8/01/02 revealed degenerative disc disease at C6-C7, anterior longitudinal vertebral ligament calcification at C4-C5 and C5-C6, marginal spurs, cervical lordotic curve straightening with muscle spasm. The thoracic views were relatively unremarkable, however the lumbar views reported spondylosis of the lower lumbar spine.

On 11/02/02, the claimant referred to _____ for electromyogram /nerve conduction velocity testing which provided normal reporting, however, recommendations for facet injections were made and the procedures were performed on 12/04/02 and 1/15/03, resulting in significant improvement. Continued chiropractic care is noted at that time, on an as needed basis.

Due to continued cervical complaints, the claimant was again referred for MRI. This MRI procedure for cervical spine date 1/15/03 revealed a 2 mm posterior and central herniation at C4-C5 causing indention of anterior aspect of thecal sac, also noted was an anterior bulge at C5-C6, C6-C7 of 2 mm, including posterior and central herniation at C6-C7 of 2 mm.

_____ apparently performed another set of injection procedures (ESI) in 5/03, due to continued complaints of subjective symptomatology. The effects were apparently mild, with no significant changes noted.

Throughout the remainder of 2003, it appeared that a good deal of treatment was focused to the cervical and thoracic regions, with the lumbar area sometimes better, sometimes worse in regards to continuing treatment.

Per last available treatment note, dated 1/23/04, the claimant was apparently being pre-authorized for a 6 week chronic behavioral pain management program.

Requested Service(s)

The medical necessity of the outpatient services to include; level III – office visits with manipulations; manual traction, hot/cold pack therapy, EMS-unattended, myofascial release, paraffin treatment, ultrasound and level III office visits for DOS from 4/04/03 through 6/20/03 for the above mentioned claimant.

Decision

I disagree with the insurance company and find that; E/M code 97010 (hot/cold pack therapy); 97014 (EMS-unattended); 97250 (myofascial release); 97035 (ultrasound); including office visits at 99212 (99213; not established necessity, at this level of office visits) for DOS 5/07/03 thru 5/16/03 were medically necessary, including 99213 on 4/18/03 and 6/20/03.

I agree with the insurance company and find that; E/M code 99213-MP (level III office visit with manipulation); 97122 (traction-manual); 97010 (hot/cold pack therapy); 97014 (EMS-unattended); 97250 (myofascial release); A4265 (paraffin treatment); 97035 (ultrasound); 99213

(level III office visits); including 99214 for DOS 4/04/03 through 4/30/03, 5/20/03 and 5/21/03; with the exception of 99213 on 4/18/03 and 6/20/03; were not medically necessary.

Rationale/Basis for Decision

There is no question that this claimant has had an extensive and excessive amount of chiropractic treatment in relation to the lumbar region since the date of injury (DOI) on 8/18/01 and prior to the dates of service (DOS) in dispute; 4/04/03 through 6/20/03.

It is also obvious that, this treatment has given little, if no benefit, to the continued subjective complaints. This is why it appeared that recommendations for sacroiliac (SI) injections were made and this did appear to be a logical step in the medical management process after thoroughly reviewing reports from physicians who actually examined the claimant.

It is reasonable to prescribe physical type therapies following any injection procedure to facilitate and expedite its benefit(s) and this meets reasonable standards of care.

It did appear that the prior injection series was somewhat successful (reportedly 60% improvement), which would demonstrate need for further sessions. Usual and customary frequency and duration for post injection therapy is 3 times per week for 2 weeks. Based on treatment records from 5/07/03 through 5/16/03, the claimant received therapy at 3 times per week for 2 weeks. (Regarding DOS 5/20/03 and 5/21/03; would not be included within the stipulated 2 week timeframe; therefore, would be considered unnecessary and documentation does not reveal significant progress gain to warrant their continuation.) During this therapy period, scheduled office visits at 99212 are more appropriate, to monitor any problems that maybe present, dealing with the lumbar region.

For DOS 4/18/03 and 6/20/03; a monthly office visit follow-up by the treating doctor is reasonable, especially, since it appears that this is for gate keeping purposes, to oversee care at that point. Code 99213 appears appropriate for this purpose, since the lumbar area is the area of compensability. It is my opinion that, code 99214 was not necessary on 5/21/03 at that high level of management – no major changes on problems were apparent.

DOS to include 4/04/03, 4/07/03, 4/23/03, 4/29/03, 4/30/03, 5/20/03 and 5/21/03 are not considered to be reasonable or necessary treatment. Improvement was not demonstrated and its use was questionable. There were no moderate-severe exacerbation conditions. The treating doctor notes do verify that treatment on 4/04/03, 4/07/03, 4/18/03, 4/23/03 and 4/30/03 was administered to the cervical and thoracic areas, and these are actually not part of the compensable areas.

The claimant was quite capable of self administered pain relieving techniques (i.e. claimant had use of home cold/heat packs and NMS unit) and a well instructed home exercise program, without the need of clinically supervised therapy, which had not demonstrated its benefit over that of home therapy, to that point.

There was also, no indication of decreased use of pain medications, to help reinforce the need for this therapy, pertaining to its use.

Concerning paraffin therapy; I find nothing in the documentation for review, to rationalize the use of this code, as it pertains to this area of compensability.

NOTE: Necessity of post injection therapy and other opinions in this decision, were established via solid peer-reviewed evidence-based material and the TWCC Spine and Extremity Treatment Guidelines,* used as a reference.

***** Even though the TWCC Spine & Extremity Treatment Guideline has been abolished, it still remains a reliable reference source to provide guidance, regarding the necessity of treatment.