

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General 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 dispute was received on 1-4-05.

In a letter dated 2-11-05 the Requestor withdrew CPT Code 99080-73 for 1-12-04 and 7-28-04. These services will not be a part of this review.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits and chiropractic manual treatment-spinal, **were found** to be medically necessary. The mechanical traction, diathermy, unlisted therapeutic procedure, electrical stimulator supplies, criss-cross lumbar support, ROM Measurements, therapeutic procedures, therapeutic activities, neuromuscular reeducation and massage therapy **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Decision and Order is hereby issued this 17th of March 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da
Enclosure: IRO decision

ORIGINAL COMPLETION DATE: February 17, 2005

AMENDED COMPLETION DATE: March 11, 2005

TEXAS WORKERS COMP. COMISSION

AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M5-05-1300-01

CLIENT TRACKING NUMBER: M5-05-1300-01 1578

AMENDED REVIEW

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, dated 02/02/05
- Texas Workers' Compensation Commission, dated 02/02/05
- TWCC-60 form, 5 pages, dated 1/4/05
- TWCC-62 Explanation of Benefits, 14 pages

Records Received from Back & Joint Clinic:

- Letter from John Wyatt, DC to MRIOA, dated 2/10/05, 1 page
 - Letter from MRIOA to Back & Joint Clinic, dated 2/4/05, 2 pages
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- Initial Medical Narrative Report, John Wyatt DC, dated 4/9/03, 7 pages
- Employee Request to Change Treating Doctors form, dated, 4/7/03
- Letter from ____ dated 4/2/03
- Texas Workers Comp Work Status Report dated 4/9/03
- Subsequent Medical Narrative Report, John Wyatt, DC, dated 5/6/03, 9 pages
- Texas Workers Comp Work Status Report dated 5/7/03
- Lumbar Range of Motion Assessment Report, John Wyatt DC, dated 5/6/03
- Subsequent Medical Narrative Report, John Wyatt, DC, dated 7/17/03, 9 pages
- Texas Workers Comp Work Status Report dated 7/22/03
- Lumbar Range of Motion Assessment Report, John Wyatt DC, dated 7/17/03
- Subsequent Medical Narrative Report, John Wyatt, DC, dated 8/4/04, 4 pages
- Texas Workers Comp Work Status Report dated 8/6/04
- Lumbar Range of Motion Assessment Report, John Wyatt DC, dated 8/5/04
- Texas Workers Comp Work Status Report dated 7/28/04
- Subsequent Medical Narrative Report, John Wyatt, DC, dated 9/7/04, 4 pages
- Texas Workers Comp Work Status Report dated 9/7/04
- Lumbar Range of Motion Assessment Report, John Wyatt DC, dated 9/7/04
- Texas Workers Comp Work Status Report dated 4/9/03
- Texas Workers Comp Work Status Report dated 4/23/03
- Texas Workers Comp Work Status Report dated 4/28/03
- Texas Workers Comp Work Status Report dated 5/7/03
- Texas Workers Comp Work Status Report dated 7/22/03
- Texas Workers Comp Work Status Report dated 11/7/03
- Texas Workers Comp Work Status Report dated 1/12/04
- Texas Workers Comp Work Status Report dated 2/24/04
- Texas Workers Comp Work Status Report dated 4/15/04
- Texas Workers Comp Work Status Report dated 6/16/04
- Texas Workers Comp Work Status Report dated 7/28/04
- Texas Workers Comp Work Status Report dated 8/6/04
- Texas Workers Comp Work Status Report dated 9/7/04
- Therapeutic Procedures Chart (19 pages) dated 4/10/03, 4/11/03, 4/16/03, 4/17/03, 4/21/03, 4/22/03, 4/23/03, 5/5/03, 5/12/03, 5/13/03, 5/16/03, undated, 5/21/03, 5/23/03, 5/30/03, 6/2/03, 6/10/03, 6/13/03, 6/16/03
- Cervical & Lumbar Delorme Testing Chart dated 6/18/03, 7/10/03
- Lumbar Therapeutic Procedures Chart dated 6/20/03, 6/23/03, 6/25/03, 6/27/03, 7/7/03
- Cervical & Lumbar Therapeutic Procedures Chart dated 7/9/03, 7/11/03, 7/14/03
- Therapeutic Procedures 1 Chart dated 7/28/03, 7/29/03, 7/30/03
- Initial Treatment Plan dated 8/5/04, 4 pages
- Therapeutic Activities & Neuromuscular Reeducation Procedures Chart dated 8/9/04, 8/12/04, 8/13/04, 8/17/04, 8/19/04, 9/1/04, 9/2/04
- Muscle Strength Testing, undated, 1 page
- Special Testing, undated, 1 page
- Polar Pack, 4/9/03
- Biofreeze 4oz tube, 4/9/03, 6/18/03
- LSI Silver Self Adhesive Electrodes, 4/11/03, 6/30/03, 7/28/04

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- McKenzie Lumbar Roll, 4/11/03
- Sitback Rest, 5/5/03
- Crisscross Lumbar Support, 8/2/03, 8/20/03
- Patient Office Visit Reports, 4/9/03, 4/10/03, 4/11/03, 4/14/03, 4/16/03, 4/17/03, 4/21/03, 4/22/03, 4/23/03, 4/25/03, 4/28/03, 4/29/03, 4/30/03, 5/1/03, 5/2/03, 5/5/03, 5/6/03, 5/7/03, 5/9/03, 5/12/03, 5/13/03, 5/16/03, 5/19/03, 5/21/03, 5/23/03, 5/27/03, 5/28/03, 5/30/03, 6/2/03, 6/4/03, 6/9/03, 6/10/03, 6/13/03, 6/16/03, 6/18/03, 6/20/03, 6/23/03, 6/25/03, 6/27/03, 6/30/03, 7/1/03, 7/2/03, 7/7/03, 7/9/03, 7/10/03, 7/11/03, 7/14/03, 7/17/03, 7/22/03, 7/23/03, 7/24/03, 7/25/03, 7/28/03, 7/29/03, 7/30/03, 7/31/03, 8/1/03, 8/4/03, 8/20/03, 9/4/03, 9/25/03, 10/7/03, 11/7/03, 12/10/03, 1/12/04, 2/3/04, 2/5/04, 2/19/04, 2/24/04, 3/11/04, 3/18/04, 4/15/04, 5/13/04, 6/3/04, 6/4/04, 6/16/04, 6/28/04, 7/28/04, 7/29/04, 7/30/04, 8/2/04, 8/3/04, 8/4/04, 8/5/04, 8/6/04, 8/9/04, 8/11/04, 8/12/04, 8/13/04, 8/16/04, 8/17/04, 8/19/04, 8/20/04, 8/23/04, 8/24/04, 8/27/04, 9/1/04, 9/2/04, 9/7/04, 74 pages
- Pain Medication Evaluation dated 4/15/03, 1 page
- Initial Assessment from John R. Wyatt DC dated 4/22/03, 5 pages
- St. Joseph's Regional Health Center Discharge Instructions dated 4/25/03, 3 pages
- TWCC-69 Report of medical Evaluation dated 5/7/03, 1 page
- Letter from Dr. Robert Shane Morris to Texas Workers Comp Commission dated 5/7/03, 5 pages
- Office note from John Wyatt DC dated 5/13/03, 1 page
- Grimes St. Joseph Health Center Discharge Instructions dated 6/4/03, 2 pages
- Office notes, John Wyatt DC, dated 6/10/03, 6/25/03, 2 pages
- Letter from James Stonecipher MD to John Wyatt DC dated 7/9/03, 1 page
- St. Joseph Regional Health Center Discharge Instructions dated 7/21/03, 3 pages
- Prescription from David Segrest MD, unreadable, dated 7/21/03
- Office note from John Wyatt DC dated 7/24/03, 1 page
- Update Assessment/Physical Examination dated 9/4/03, 6 pages
- Update Assessment/Physical Examination dated 9/24/04, 7 pages
- St. Joseph Regional Health Center Discharge Instructions dated 10/28/03, 2 pages
- Prescription from Donald Freeman MD, unreadable, dated 10/28/03
- Office note from John Wyatt DC dated 2/5/04, 1 page
- Letter from Kenneth Berliner MD dated 2/23/04, 3 pages
- Office note from John Wyatt DC dated 3/1/04
- Letter from Cypress Orthopedics dated 3/11/04, 1 page
- Fax coversheet from Texas Pain & Spine Consultants
- Office note from Texas Pain & Spine Consultants dated 8/12/03, 1 page
- Addendum to TWCC-21 issued 5/7/03, 1 page
- Office note from John Wyatt DC dated 3/22/04, 1 page
- Follow up note from James Stonecipher MD dated 4/12/04, 1 page
- Follow up note from John Wyatt DC, dated 6/21/04, 1 page
- Office note from Cypress Orthopedics dated 7/6/04, 1 page
- Doctors Approved to Provide Treatment list, 1 page
- Operative report of R. David Calvo, MD dated 7/22/04, 3 pages
- Operative report of R. David Calvo, MD dated 7/22/04, 1 page

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- Letter of medical necessity from LoneStar Orthopedics dated 9/13/04, 2 pages
- Appendix A – Some Medical Evidence Relied Upon to Form Basis of Medical Opinions, 15 pages
- Appendix B – Annotated Bibliography, 10 pages
- Appendix C – TCA Quality Standards for Opinions Based Upon Paper Review, 5 pages
- Appendix D – Evidence for My Opinion on Methodology to Determine Medical Necessity, 4 pages
- Appendix E – Evidence for Dr. Bailey’s Opinion on use of CPT code 97110, 4 pages
- Fax of IRO Response Assignment Letter from MBMS dated 2/10/05, 2 pages
- Fax of IRO Request for Records from MBMS dated 2/10/05, 5 pages
- Correction of Fax of IRO Request for Records from MBMS dated 2/18/05, 5 pages
- Electromyography Report from Randall R. Light MD dated 2/20/03, 1 page
- Nerve Conduction Studies from Bryan Neurology Services dated 2/20/03, 1 page
- Workers Comp Narrative Report from Bryan Neurology Services dated 2/20/03, 3 pages
- Record from William G. Gaines dated 4/2/03, 3 pages
- Initial Medical Narrative Report from John Wyatt DC, dated 4/9/03, 5 pages
- Texas Workers Comp Work Status Report dated 4/10/03
- Initial Assessment/Physical Examination from The Suchowiecky Center dated 4/22/03, 5 pages
- Patient Office Visit Reports, 1/12/04, 2/19/04, 2/24/04, 8/20/04, 8/23/04, 9/2/04, 5/5/03, 5/21/03, 6/20/03, 6/23/03, 8 pages
- Texas Workers Comp Work Status Report dated 1/12/04
- Letter from Cypress Orthopedics dated 3/11/04, 1 page
- Operative report of R. David Calvo, MD dated 7/22/04, 3 pages
- Subsequent Medical Narrative Report from John Wyatt DC dated 9/7/04, 4 pages
- Texas Workers Comp Work Status Report dated 9/7/04
- Office note from Karl Hermann, PT dated 2/13/03, 1 page

Summary of Treatment/Case History:

The employee, Mr. ____, claims a work injury occurred on ___ while working as a custodian. He was moving a couch when he felt a "pop" in his lower back. He developed lower back and bilateral leg symptoms. He was seen by his family physician, Dr. Villareal, who prescribed medications and referred him to an occupational medicine specialist, Dr. Gaines. He was treated with medications, removed from work, tried on exercise but it increased his pain, and subsequently referred for chiropractic care (Dr. Halterman). He had an MRI which showed "degenerative changes in the lower lumbar spine consistent with the patient's age" and a "normal" electrodiagnostic study. He was given a 0 % impairment by Dr. Gaines and returned to full duty work on 04-02-03. The same day, the claimant changed treating doctors to Dr. Wyatt. Dr. Wyatt allowed unrestricted work and began treatment including chiropractic adjustments, physical modalities and exercise. The treating doctor notes describes poor effort from the employee in rehab necessitating one to one therapy for approximately 3 months in 2003. He was allowed to return to restricted work but his position was terminated. He apparently found employment in late 2004. He was treated with periodic chiropractic adjustments. Dr. Wyatt notes he was denied 10 chronic pain management sessions in February 2004 so he restarted diathermy, electrical stimulation, vibratory massage, with his chiropractic adjustments. He had one epidural injection (07-22-04), although additional ones have been recommended but not done. He re-started exercise in August 2004.

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Questions for Review:

DOS 1/12/04-9/2/04

Address Medical Necessity ONLY

1. #99213-Office visit Level II , #98940-Chiropractic Manual treatment-Spinal, #99212-Office visit level II, #97012-Mechanical traction, #97024-Diathermy, #97139-Unlisted therapeutic procedure, #97124- Massage therapy, #A4595-Electrical stimulator supplies 2 lead per month, #L0500-Criss cross Ortho Lumbar Support, #95851-ROM measurements each extremity or trunk, #99213 Office visit level III, #99211-Office visit level I, #97150-group therapeutic procedures, #97530-Therapeutic activities, #97112-Neuromuscular Re-education,
Denied by carrier for Medical necessity with V codes. Do not Review DOS marked fee.

Explanation of Findings:

1. Address medical necessity of #99213-Office visit Level II , #98940-Chiropractic Manual treatment-Spinal, #99212-Office visit level II, #97012-Mechanical traction, #97024-Diathermy, #97139-Unlisted therapeutic procedure, #97124- Massage therapy, #A4595-Electrical stimulator supplies 2 lead per month, #L0500-Criss cross Ortho Lumbar Support, #95851-ROM measurements each extremity or trunk, #99213 Office visit level III, #99211-Office visit level I, #97150-group therapeutic procedures, #97530-Therapeutic activities, #97112-Neuromuscular Re-education,

The modalities #97012 mechanical traction, #97024 diathermy, #97139 unlisted procedure and #97124 massage on 02-05-04 were not medically necessary. These treatments did not cure the condition nor relieve the effects as the SOAP note indicted similar pain levels and the note on 02-24-04 states " he has made progress in the program but not enough significant pain relief to continue on with the program".

The modalities #97012 mechanical traction was not medically necessary to treat his work injury from 02-25-04 to 09-02-04. Traction has not been found to be effective for chronic lower back pain. "In conclusion, no specific effect of traction on standard physical therapy was observed in our study group." Borman P, Keskin D, Bodur H. The efficacy of lumbar traction in the management of patients with low back pain. *Rheumatol Int.* 2003 Mar;23(2):82-6. Epub 2002 Sep 26. "The evidence for the use of traction in LBP remains inconclusive because of the continued lack of methodologic rigor and the limited application of clinical parameters as used in clinical practice. Further trials, which give attention to these areas, are needed before any firm conclusions and recommendations may be made." Harte AA, Baxter GD, Gracey JH. The efficacy of traction for back pain: a systematic review of randomized controlled trials. *Arch Phys Med Rehabil.* 2003 Oct;84(10):1542-53.

The use of #97124, massage (vibratory) was not medically necessary from 02-25-04 to 09-02-04. "We have therefore concluded that short-term recovery from intense muscular activity is not augmented by percussive vibratory massage." Cafarelli E, Sim J, Carolan B, Liebesman J. Vibratory massage and short-term recovery from muscular fatigue. *Int J Sports Med.* 1990 Dec;11(6):474-8

The use of #97024, diathermy from 07-28-04 to 08-04-09 was not medically necessary. "Diathermy and short-duration stretching were no more effective than short-duration stretching alone at

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increasing hamstring flexibility. The effects of diathermy with longer stretching times need to be researched. Draper DO, Miner L, Knight KL, Ricard MD The Carry-Over Effects of Diathermy and Stretching in Developing Hamstring Flexibility. Athl Train. 2002 Mar;37(1):37-42.

The #98940 chiropractic adjustments on 01-12-04, 02-05-04, and 07-28-04 to 09-02-04 were medically necessary and are supported by medical literature in the following citations:

Blomberg S, Hallin G, Grann K, Berg E, Sennerby U. Manual therapy with steroid injections--a new approach to treatment of low back pain. A controlled multicenter trial with an evaluation by orthopedic surgeons. Spine. 1994 Mar 1;19(5):569-77. Blomberg S, Svardsudd K, Tibblin G. A randomized study of manual therapy with steroid injections in low-back pain. Telephone interview follow-up of pain, disability, recovery and drug consumption. Eur Spine J. 1994;3(5):246-54.

The documentation does not describe the code #97139 unlisted procedure. Therefore, medical necessity is denied due to lack of documentation.

The documentation notes the need for #A4595 electrical stimulation supplies but electrical stimulation was not listed on the request form supplied by the TWCC. Therefore, the electrical stimulation supplies are not medically necessary due to lack of documentation.

The documentation concerning the #L0500 criss cross ortho lumbar support shows one was prescribed on 08-20-03 but on the 08-02-04 SOAP note, no mention of the prior support nor the rationale for a new one was given. Therefore, the lumbosacral support on 08-02-04 is not medically necessary.

The procedures #97150 group therapeutic procedures, #97530 therapeutic activities, and #97112 neuromuscular re-education were not medically necessary from 08-09-04 to 09-02-04. This claimant had several months of extensive one to one rehab in 2003 and should not have needed one to one therapy in 2004. The literature shows the majority of chronic back pain patients are compliant with stretches, weight lifting and cardiovascular fitness training and exercise behavior in a 1 year follow-up after a functionally oriented rehabilitation. Hartigan, Carol. Et. Al. Medicine & Science in Sport and Exercise. 2000; 32 (3): 551-557.

The documentation supports the use of OV codes #99213, #99212, and #99211 from 01-12-04 to 09-02-04 and these were necessary as evidenced by the documentation, as set forth in Texas Labor Code, Section 401.011 (42) and 408.023, and TWCC rule 180.22 (c) defining the role of a treating doctor. A treating doctor is primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury.

The use of #95851 for range of motion measurements were not medically necessary on 08-05-04 as this would be inclusive to the #99213 code billed on the same date.

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Conclusion/Decision to Certify:

The #98940 chiropractic adjustments from 07-28-04 to 09-02-04 were medically necessary and are supported by medical literature in the following citations:

Blomberg S, Hallin G, Grann K, Berg E, Sennerby U. Manual therapy with steroid injections--a new approach to treatment of low back pain. A controlled multicenter trial with an evaluation by orthopedic surgeons. *Spine*. 1994 Mar 1;19(5):569-77. Blomberg S, Svardsudd K, Tibblin G. A randomized study of manual therapy with steroid injections in low-back pain. Telephone interview follow-up of pain, disability, recovery and drug consumption. *Eur Spine J*. 1994;3(5):246-54.

The documentation supports the use of OV codes #99213, #99212, and #99211 from 01-12-04 to 09-02-04 and these were necessary as evidenced by the documentation, as set forth in Texas Labor Code, Section 401.011 (42) and 408.023, and TWCC rule 180.22 (c) defining the role of a treating doctor. A treating doctor is primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury.

Conclusion/Decision to Not Certify:

The modalities #97012 mechanical traction, #97024 diathermy, #97139 unlisted procedure and #97124 massage (vibratory) from on 02-05-04 were not medically necessary. These treatments did not cure the condition nor relieve the effects as the SOAP note on 02-24-04 states " he has made progress in the program but not enough significant pain relief to continue on with the program".

The modalities #97012 mechanical traction was not medically necessary to treat his work injury. Traction has not been found to be effective for chronic lower back pain. "In conclusion, no specific effect of traction on standard physical therapy was observed in our study group." Borman P, Keskin D, Bodur H. The efficacy of lumbar traction in the management of patients with low back pain. *Rheumatol Int*. 2003 Mar;23(2):82-6. Epub 2002 Sep 26. "The evidence for the use of traction in LBP remains inconclusive because of the continued lack of methodologic rigor and the limited application of clinical parameters as used in clinical practice. Further trials, which give attention to these areas, are needed before any firm conclusions and recommendations may be made." Harte AA, Baxter GD, Gracey JH. The efficacy of traction for back pain: a systematic review of randomized controlled trials. *Arch Phys Med Rehabil*. 2003 Oct;84(10):1542-53.

The use of #97024, diathermy from 07-28-04 to 08-04-09 was not medically necessary. "Diathermy and short-duration stretching were no more effective than short-duration stretching alone at increasing hamstring flexibility. The effects of diathermy with longer stretching times need to be researched. Draper DO, Miner L, Knight KL, Ricard MD The Carry-Over Effects of Diathermy and Stretching in Developing Hamstring Flexibility. *Athl Train*. 2002 Mar;37(1):37-42.

The use of #97124, massage (vibratory) was not medically necessary from 02-25-04 to 09-02-04. "Short-term recovery from intense muscular activity is not augmented by percussive vibratory massage." Cafarelli E, Sim J, Carolan B, Liebesman J. Vibratory massage and short-term recovery from muscular fatigue. *Int J Sports Med*. 1990 Dec;11(6):474-8

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The procedures #97150 group therapeutic procedures, #97530 therapeutic activities, and #97112 neuromuscular re-education were not medically necessary from 08-09-04 to 09-02-04. This claimant had several months of extensive one to one rehab in 2003 and should not have needed one to one therapy in 2004. The literature shows the majority of chronic back pain patients are compliant with stretches, weight lifting and cardiovascular fitness training and exercise behavior in a 1 year follow-up after a functionally oriented rehabilitation." Hartigan, Carol. Et. Al. *Medicine & Science in Sport and Exercise*. 2000; 32 (3): 551-557.

The documentation notes the need for #A4595 electrical stimulation supplies but electrical stimulation was not listed on the request form supplied by the TWCC. Therefore the electrical stimulation supplies are not medically necessary due to lack of documentation.

The documentation does not describe the code #97139 unlisted procedure. Therefore, its medical necessity is denied due to lack of documentation.

The use of #95851 for range of motion measurements were not medically necessary on 08-05-04 as this would be inclusive to the #99213 code billed on the same date.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Medical necessity is set forth in Texas Labor Code, Section 408.021 (a). Specifically the care must: 1. Cure the condition naturally resulting from the injury. 2. Relieve the effects naturally resulting from the injury. 3. Promotes recovery. 4. Enhance the ability of the patient to return to work or enhance the ability of the patient to retain employment.

Texas Labor Code, Section 401.011 (42) and 408.023, and TWCC rule 180.22 (c) defining the role of a treating doctor. A treating doctor is primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury.

References Used in Support of Decision:

"The experimental group had a less restricted range of movement in extension, less restricted side-bending to the right and to the left, less local pain caused by extension and side-bending to the right, less pain radiating to the right leg caused by side-bending to the left, and a less positive straight leg raising test (both sides) than the conventionally treated group." Blomberg S, Hallin G, Grann K, Berg E, Sennerby U. Manual therapy with steroid injections--a new approach to treatment of low back pain. A controlled multicenter trial with an evaluation by orthopedic surgeons. *Spine*. 1994 Mar 1;19(5):569-77.

"the group receiving manual therapy had significantly less pain, less disability, faster rate of recovery and lower drug consumption, indicating that this type of treatment is superior to conventional treatment. "Blomberg S, Svardsudd K, Tibblin G. A randomized study of manual therapy with steroid injections in low-back pain. Telephone interview follow-up of pain, disability, recovery and drug consumption. *Eur Spine J*. 1994;3(5):246-54.

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"Diathermy and short-duration stretching were no more effective than short-duration stretching alone at increasing hamstring flexibility. The effects of diathermy with longer stretching times need to be researched." Draper DO, Miner L, Knight KL, Ricard MD *The Carry-Over Effects of Diathermy and Stretching in Developing Hamstring Flexibility*. *Athl Train*. 2002 Mar;37(1):37-42.

This reviewer is a Doctor of Chiropractic and certified in Acupuncture. This reviewer is also a diplomate of the American Chiropractic Neurology Board. This reviewer has been in active practice since 1989. MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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