

February 9, 2005

Re: **MDR #:** M2-05-0669-01 **Injured Employee:**
 TWCC#:
 IRO Cert. #: 5055 **DOI:**
 SS#:

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

Advantage Healthcare Systems
Attention: Nick Kempisty
(214) 943-9407

RESPONDENT:

Texas Mutual Ins.
Attention: Ron Nesbitt
(512) 404-3980

TREATING DOCTOR:

Paul Liechty, D.C.
(972) 613-8927

Dear ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records 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.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician 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 care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is licensed in chiropractic and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on February 9, 2005.

Sincerely,

Secretary & General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0669-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Request for reconsideration 10/26/04
- Program description and evaluation 09/27/04
- Physical performance test 09/27/04

Information provided by Respondent:

- Correspondence
- Designated doctor exam 01/26/04

Clinical History:

This 56-year-old male was working on ____ when he reportedly lost consciousness and

fell. He regained consciousness in the hospital and was experiencing lower back, mid-back, and neck pain, and tingling in both his legs. He was diagnosed with a fractured coccyx and other spinal lower back soft tissue injuries. He was initially treated with medication and modalities, but in October 2003, obtained a change in treating doctors to a doctor of chiropractic who performed physical therapy. He was then determined to be at maximum medical improvement by a designated doctor in January 2004 and was awarded a 5% whole-person impairment.

Disputed Services:

Chronic behavioral management for 2 weeks, 8 hrs/day, 5 days/week.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the behavioral management program in dispute as stated above is not medically necessary in this case.

Rationale:

One of the prerequisites for admission to a chronic pain management program is that the medical records must demonstrate that all primary and secondary levels of evaluation and treatment have already been exhausted. In this case, the medical records submitted failed to document that a proper regimen¹ of chiropractic spinal adjustments was performed at any time. Rather, the only daily record that even remotely suggested this treatment protocol was performed was on date of service 11/10/03 where (under "P:" for "plan"), the words "chiro adj." were written. However, there was no mention of what specific segment(s) were adjusted, or even what spinal area, so it is unknown whether or not the lumbar area ever received this treatment. (There were several check marks by "joint mobilization," but this is a distinctly different procedure [97140]).

According to the AHCPR² guidelines, spinal manipulation was the only recommended treatment that could relieve symptoms, increase function and hasten recovery for adults suffering from acute low back pain. The British Medical Journal³ even reported that spinal manipulation combined with exercise yielded the greatest benefit. Based on those findings, this reviewer does not understand why a doctor of chiropractic would withhold this recommended treatment while performing a host of other non-recommended therapies.

Therefore, since the treating doctor never attempted a proper regimen of this recommended form of treatment, all primary levels of evaluation and treatment have not been exhausted, rendering the requested chronic behavioral pain management program premature and – by definition – medically unnecessary.

¹ Haas M, Group E, Kraemer DF. Dose-response for chiropractic care of chronic low back pain. Spine J. 2004 Sep-Oct;4(5):574-83. "There was a positive, clinically important effect of the number of chiropractic treatments for chronic low back pain on pain intensity and disability at 4 weeks. Relief was substantial for patients receiving care 3 to 4 times per week for 3 weeks."

² Bigos S., Bowyer O., Braen G., et al. Acute Low Back Problems in Adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December, 1994.

³ Medical Research Council, British Medical Journal (online version) November 2004.