

September 20, 2005

Re: MDR #: M2-05-2170-01 **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation Commission

Attention:

Medical Dispute Resolution

Fax: (512) 804-4868

REQUESTOR:

Whigham Chiropractic THC, PC

Attention: Elaine

Fax: (713) 660-8905

RESPONDENT:

Texas Mutual Ins Co

Attention: Latreace E. Giles

Fax: (512) 224-7094

Dear Mr. ____:

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:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

FAX (512) 804-4011

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 September 20, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

**REVIEWER'S REPORT
M2-05-2170-01**

Information Provided for Review:

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

From Requestor:

Office Notes 02/23/04 – 04/16/04
Daily Progress Notes 07/14/04 – 06/22/05
Functional Capacity Eval 05/24/05
Nerve Conduction Study 08/12/04 – 02/09/05
Radiology Report 02/25/04 – 12/18/04

From Respondent:

Correspondence
Designated Review

Spine:

Office Notes 01/03/05 – 06/13/05

Neurology:

Office Notes 01/18/04 – 01/04/05

Pain Management:

Office Notes 05/12/04 – 08/04

Clinical History:

Patient is a 47-year-old male delivery driver for a paper company who, on ____, was lifting a box of paper, weighing an estimated 30 pounds, from the floor of his truck to place it on a dolly when he experienced acute, sudden onset of lower back pain. He was initially seen by the "company

doctor” who performed an evaluation, x-rays, physical therapy and medication, but on 2/23/04, he presented himself to a doctor of chiropractic who initiated conservative chiropractic care and physical therapy.

An MRI of the lumbar spine performed on 2/25/04 revealed multi-level disc protrusions/herniations, with the protrusion at L5-S1 approaching the anteromedial aspect of the S1 nerve roots bilaterally. In addition, electrodiagnostic testing revealed a radiculopathy of the left L5-S1 nerve root.

Disputed Services:

Preauthorization request for outpatient rehabilitation program 5x per week for 6 weeks.

Decision:

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

Rationale:

There was no documentation of objective or functional improvement in this patient’s condition and no evidence of a change of treatment plan to justify additional treatment in the absence of positive response to prior treatment. In fact, the doctor’s daily notes were vague, non-descriptive, and lacked any quantifiable language that would – over the course of care – objectively measure either functional or subjective improvements. Furthermore, the kind of care provided remained unchanged over time despite the absence of objective, documented improvement. Therefore, there is no support for continuing – and, intensifying – past, unsuccessful treatment.

The medical records submitted fail to document that chiropractic spinal adjustments *were performed at any time*. According to the AHCPR¹ 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 Journal² reported that spinal manipulation combined with exercise yielded the greatest benefit; and JMPT³ reported that spinal manipulation may be the only treatment modality offering broad and significant long-term benefit for patients with chronic spinal pain syndromes. Based on those findings, this reviewer is perplexed 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 regimen⁴ of this recommended form of treatment, the requested outpatient rehabilitation program 5x per week for 6 weeks is both premature and medically unnecessary.

Finally, current medical literature states, “...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the

¹ 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.

² *UK Back pain Exercise And Manipulation (UK BEAM) randomised trial:* Medical Research Council, British Medical Journal (online version) November 2004.

³ Muller, R. Giles, G.F. J Manipulative Physiol Ther 2005;28:3-11.

⁴ 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.”

effectiveness of multidisciplinary rehabilitation as compared to usual care.”⁵ The literature further states “...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities...”⁶ And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.⁷ Based on those studies – and, absent any documentation that the proposed intense outpatient rehabilitation program would be beneficial – its medical necessity is unsupported.

⁵ Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. *Spine*. 2003 Feb 1;28(3):209-18.

⁶ Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. *Cochrane Database Syst Rev*. 2003;(2):CD002194.

⁷ Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. *Cochrane Database of Systematic Reviews* 2000;2.