

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	09/07/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1756-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Preauthorization denied for 20 visits lumbar spinal decompression therapy (59090) with ice (97010) and interferential (G0283) initially and therapeutic exercises when patient can tolerate.

Date of Injury: 03/17/2006

DECISION: Upheld

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 09/07/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Upon review of the submitted documentation, the medical necessity for the requested treatment captioned above, spinal decompression with the passive and active concurrent care, is not established.

CLINICAL HISTORY:

Records indicate that the above captioned individual, a 40-year-old female, was allegedly injured during the course of her normal employment on 03/___/2006. The history reveals that she lifted a sack of potatoes and reported pain in her low back, buttocks and leg. She presented to the office of the attending physician (AP) on 03/17/2006 and a course of chiropractic care ensued. MRI examination dated 05/05/2006 of the lumbar spine revealed L4-5 disc bulging with no local disc herniation as well as degenerative changes. Records indicate that the initial course of

chiropractic care was beneficial. A subsequent incident, a fall on 05/05/2006, resulted in a reported exacerbation of symptoms. A course of axial decompression was attended during which a reduction of symptoms is documented.

REFERENCES:

References utilized in this review may include but are not limited to the ACEOM Guidelines, Official Disability Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

RATIONALE:

From an empirical standpoint, spinal decompression treatment, commonly known as Vax-D, shows promising results. However, there remains today insufficient peer reviewed, blinded type studies to prove the efficacy, lasting results and safety of this procedure. There are a number of promising case studies, however the bulk of these studies are flawed in that they either; involve a small sampling, have poor follow-up studies, give little to no consideration to safety issues, or are proprietary in nature. More studies need to be done to determine the safety and efficacy of this promising treatment. However to date, there are an inadequate number of significant, peer-reviewed, non-proprietary, blinded type studies to warrant common use in the typical clinical setting.

Moreover, there are no generally accepted clinical guidelines, pertinent to the injured worker, which recommend this type of treatment for the documented injuries. This is consistent with the above stated guidelines, specifically the Official Disability Guidelines, which do not recommend the utilization of vertebral axial decompression for treatment of the injured worker, and the ACOEM Guidelines which do not recommend traction for the treatment of work related low back injuries due to the lack of proven lasting efficacy.

The documentation also reveals that the provider administered the care in question after the initial denial. The documentation reveals that during the treatment time in question the injured individual reported and demonstrated decreased symptomatology. While the provider used the apparent decrease of symptoms as rationale for treatment, there is no evidence that other alternative treatments would not have been equally effective. Specifically, there is no evidence that the treatment provided would have been superior to ordinary traction or a course of formal rehabilitation.

From a prospective standpoint, at the time of the initial request, there was no established medical necessity for the application of the requested 20 sessions of axial decompression of the lumbar spine with the associated course of concomitant passive and active care.

DATES RECORDS RECEIVED:

08/21/2006 records received and consolidated.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 08/08/06
- MR-117 dated 08/08/06
- DWC-60
- DWC-73: Work Status Report
- MCMC: IRO Medical Dispute Resolution Prospective dated 08/23/06
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 08/09/06
- MCMC: Statement dated 08/10/06
- ESIS, Inc: Check dated 08/18/06
- Chiropractic & Spine Center of America: Letters dated 08/14/06, 06/02/06 from James Edwards, D.C.
- Concentra: Letters dated 07/12/06, 06/05/06 from Karen Stephens, RN
- Chiropractic & Spine Center of America: Handwritten notes dated 07/05/06, 06/07/06
- Chiropractic & Spine Center of Austin: Requests for Reconsideration for Spinal Decompression Therapy dated 06/02/06 (updated), 05/18/06 from James Edwards, D.C.
- River Ranch Radiology: MRI pelvis dated 06/27/06, MRI lumbar spine dated 05/05/06
- Concentra: Letter dated 05/25/06 (authors name not legible)
- Concentra: Letter dated 05/11/06 from Gale Kelly, RN
- Chiropractic & Spine Center of Austin: Preauthorization Request for Spinal Decompression Therapy dated 05/08/06 from James Edwards, D.C.
- Intracorp: Letter dated 03/22/06 from Melodie Shepherd, LVN
- Chiropractic & Spine Center of America: Work-Related Injury or Automobile Accident History (handwritten) dated 03/17/06
- Chiropractic and Spine Center: Therapy notes for the period 03/17/06 through 07/10/06 (handwritten)
- State Office of Administrative Hearings: Decision and Order signed 03/23/05 by Steven Rivas, Administrative Law Judge
- Chiropractic & Spine Center of America: Undated 4 Case Studies from Our Clinic
- Undated article entitled, "Clinical Studies Documenting the Effectiveness of Spinal Decompression Therapy"

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing Chiropractor and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision.

The decision of the Independent Review Organization is binding during the appeal process.

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If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

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

In accordance with commission rule 102.4(h), 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 this

___7th___ day of ___September_____ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____