

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

January 30, 2006

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER:

M2-06-0458-01

RE:

Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 12.29.05.
- Faxed request for provider records made on 12.29.05.
- The case was assigned to a reviewer on 1.16.06.
- The reviewer rendered a determination on 1.27.06.
- The Notice of Determination was sent on 1.30.06.

The findings of the independent review are as follows:

Questions for Review

Prospective medical necessity for biofeedback therapy, 1week x 4weeks, with 3 modalities (EMG,PNG, TEMP)

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** on the requested service(s).

Summary of Clinical History

Patient is a 22-year-old projectionist who, on ____, was threading a projector when she slipped and fell from an 8 foot projector platform onto the concrete floor, injuring her lumbar spine, right knee and right ankle. She immediately presented to a doctor of chiropractic who began physical therapy and rehabilitation. MRIs of the lumbar spine, right ankle and right knee were performed approximately one month later and revealed minimal lumbar spondylosis from L3-S1 in the spine, subcutaneous edema and joint effusion in the ankle, and joint effusion and a mass lesion in the distal femoral metaphysis. She received 2 ESIs with little or no reported benefit.

Clinical Rationale

The medical records submitted for review fail to document that chiropractic spinal adjustments were performed at any time. According to the AHCPR¹ guidelines, spinal manipulation was 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,

only recommended treatment that could relieve symptoms, increase function and hasten recovery for adults suffering from acute low back pain; the *British Medical Journal*² reported that spinal manipulation combined with exercise yielded the greatest benefit; and *JMPT*³ 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, it is unclear why a doctor of chiropractic would withhold this recommended treatment, and then attempt to provide other more questionable and less evidence-based ones. Therefore, since the treating doctor never attempted a proper regimen⁴ of this recommended form of treatment, the requested biofeedback sessions are both premature and medically unnecessary.

The Philadelphia Panel Evidence-Based Clinical Practice Guidelines for Chronic Pain was unable to make a recommendation due to "insufficient clinical information on the effectiveness" of biofeedback treatment of low back pain,⁵ and according to the "Milliman Care Guidelines," its efficacy remains unproven.⁶ Therefore, this prospective service is unsupported as medically necessary in this case.

Clinical Criteria, Utilization Guidelines or other material referenced

- See footnote(s) below for references utilized.

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring provider, 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 before referral to the IRO. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

Your Right To Appeal

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. Long-term Follow-up of a Randomized Clinical Trial Assessing the Efficacy of Medication, Acupuncture, and Spinal Manipulation for Chronic Mechanical Spinal Pain Syndromes. *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."

⁵ Philadelphia Panel evidence-based clinical practice guidelines on selected rehabilitation interventions for low back pain. *Physical Therapy* 2001;81(10):1641-74

⁶ Milliman Care Guidelines, *Ambulatory Care* 8th Edition. Copyright © 1996, 1997, 1999, 2001, 2002 Milliman USA, Inc.

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.

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. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 30th day of January 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: Texas Health
Attn: James Odom
Fax: 214.692.6670

Travelers Property & Casualty
Attn: Jeanne Schafer
Fax: 512.347.7870