

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0586-01
Name of Patient:	
Name of URA/Payer:	American Home Assurance Co
Name of Provider:	Health Trust
<small>(ER, Hospital, or Other Facility)</small>	
Name of Physician:	Sergio Ortiz, DC
<small>(Treating or Requesting)</small>	

February 2, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Health Trust
Sergio Ortiz, DC
Division of Workers' Compensation

DOCUMENTS REVIEWED

1. Notification of IRO Assignment, Table of Disputed Services, Carrier EOBs
2. Employer's First Report of Injury or Illness form, dated 5/10/05
3. Initial physician's report, dated 5/10/05
4. Follow-up physician report, dated 5/19/05
5. Therapy notes from initial physician, dated 5/19/05
6. Initial chiropractic examination and report, dated 5/20/05
7. Letter of medical necessity for a work hardening program, dated 5/20/05
8. Physical capacity examinations and results, dated 6/7/05, 7/7/05
9. MRI lumbar spine, dated 6/21/05
10. Medical referral and report, dated 6/28/05
11. Orthopedic consultation, dated 7/19/05
12. Neurological consultations, dated 8/4/05 and 9/1/05
13. Electrodiagnostic testing and report, dated 8/6/05
14. Functional capacity evaluation, dated 8/23/05
15. Occupational therapy initial evaluation, dated 9/22/05
16. Psychosocial evaluation and report, dated 10/24/05 and 12/5/05
17. Required medical evaluation and report, dated 1/20/06
18. Requestor's request for reconsideration letter, dated 12/6/05
19. Requestor's position statement letter, dated 1/18/06
20. Various TWCC-73s

CLINICAL HISTORY

Patient is a 28-year-old male stocker for a major national retail chain who, on ____, was stocking entertainment centers weighing approximately 120 pounds each when he injured his lower back. He initially presented himself to a medical doctor who prescribed medication, performed a gluteal injection, and returned him to light-duty. Ten days later, he presented himself to a doctor of chiropractic who began chiropractic care, physical therapy and rehabilitation.

REQUESTED SERVICE(S)

Prospective request for individual therapy once per week for 8 weeks.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

First of all, there is conflicting data within the medical records on this patient. The MRI demonstrated a small, right paracentral disc extrusion with caudal migration resulting in "slight" narrowing of the right lateral recess at L5-S1, without mention of the affect (if any) upon the exiting nerve root in this area. Then, the electrodiagnostic testing demonstrated completely normal findings within the patient's right lower extremity, with equivocal findings of *left* lower extremity involvement.

In terms of his symptomatology, the initial medical doctor who evaluated the patient immediately following the injury discussed lower back pain only, and in fact, documented that the pain was "localized" to the lower back, and did "not radiate to his legs" (date of service 5/19/05). Then, the doctor of chiropractic who first saw and evaluated this patient on 5/20/05, made no mention of extremity pain in his report, noted that lumbar sensation "were <sic> with in <sic> normal limits," and documented non-dermatomal muscle weakness bilaterally. On each and every subsequent visit, when the patient had the opportunity to circle areas of complaint on his daily form, he only circled "low back" when asked "Where is your pain located?" and left unindicated the area of "leg pain." In fact, the first mention of leg pain in the doctor's daily notes occurred on 7/18/05, which read, "pt relates pain radiating down R leg to knee."

Then on 8/4/05, during the neurological consult, the subsequent report indicated that the patient related "post-traumatic low back pain associated with radicular pain entering both lower extremities in a sciatic fashion following mainly the S1 nerve root and occasionally the L5." Later in the same report, the neurologist wrote, "According to the patient, on the [injury date], he began with an acute progressive lumbosacral pain which two days later became more severe. It **began at that time to radiate into the lower extremities; the left more than the right**, following mainly the S1 nerve root." [emphasis added] In his actual examination on that date, the neurologist concluded that the patient "did not have objective neurological dysfunctions" and that the findings on the MRI did not "clinically correlate" to the patient's subjective reports of pain. Furthermore, it was his opinion that the patient suffered more from post-traumatic mechanical articular facet pain syndrome with an S1 irritative radiculitis, left more than right, related to an articular facet injury rather than any true evidence of HND." When the neurologist saw the patient approximately one month later (9/1/05), he documented a "substantial improvement of his residual mechanical low back pain" and the "previous radicular referred irritative sciatic pain has subsided." He further found him to be "neurologically fully ambulatory" and "free of any objective neurological dysfunction." ***He specifically wrote that "the patient feels well enough to be released to modified occupation" with a lifting restriction to 20 pounds.***

Despite this opinion, and the objective findings supplied by the neurologic consultant, the treating doctor of chiropractic continued to extend the claimant's temporary total disability, and repeatedly cited as his rationale for doing so "pt having radicular symptoms down lower extremities standing sitting increases pain," while the patient intake forms for the corresponding dates of service were devoid of any such indication by the patient. Therefore, since the diagnosis and overall understanding of what is happening with this patient remains in question, it would be premature to undergo individual psychotherapy sessions at this juncture.

More importantly, the medical records submitted failed to document that chiropractic spinal manipulations were performed

at any time. The only remotely similar entry within the medical records concerned a procedure that was performed entitled "SOT blocking." While this is a recognized form of chiropractic adjustment, it is not "thrust" manipulation, and as such, not what is referenced in the medical literature. Specifically, according to the AHCPR¹ guidelines, "thrust"-type 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 "thrust"-type spinal manipulation combined with exercise yielded the greatest benefit; and JMPT³ reported that "thrust"-type 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 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 individual counseling is both premature and medically unnecessary.

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. 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."

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider 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 before referral to the IRO.

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.

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.

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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with 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 3rd day of February 2006.

Signature of IRO Employee: _____
Printed Name of IRO Employee: Marc Salvato