

April 5, 2006

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0694-01

CLIENT TRACKING NUMBER: M2-06-0694-01

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that 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.

**Records Received:**

**RECORDS RECEIVED FROM THE STATE:**

Texas Department of Insurance DWC Notification of IRO Assignment dated 2/28/06, 7 pages

**RECORDS RECEIVED FROM THE REQUESTOR:**

Preauthorization request and treatment plan dated 12/8/05, 2 pages

Patient information sheet from North Texas Rehab Clinic dated 11/28/05, 1 page

Progress notes from Dr. Brozek 11/2/05-3/1/06, 16 pages

**RECORDS RECEIVED FROM THE RESPONDENT:**

Claims notes, 4 pages

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**Summary of Treatment/Case History:**

The patient, a male of undetermined age, was first injured on the job on \_\_\_\_ and he underwent a lumbar fusion about 7 years ago. The 1 page letter from the chiropractor that was included with the preauthorization request for therapy dated 12/8/05 indicated the patient reinjured his lower back while working at Yellow Freight two weeks earlier. The patient was treated on the following dates by the chiropractor according to progress notes submitted for review:

Nov. 2005: 2, 10

Dec. 2005: 1, 6, 14, 16, 19

Jan. 2006: 2, 4, 6, 9, 13, 16, 18, 19, 24, 30

Feb. 2006: 1, 3, 7, 9, 14, 16, 21, 23, 28

Mar. 2006: 1

The patient was treated with therapeutic exercises, electrical stimulation, moist heat, and manual traction.

**Questions for Review:**

1. Preauthorization denied for #97110 therapeutic exercises 3 times a week for 2 weeks. Are therapeutic exercises (#97110) 3 times per week for 2 weeks medically necessary?

**Explanation of Findings:**

1. Preauthorization denied for #97110 therapeutic exercises 3 times a week for 2 weeks. Are therapeutic exercises (#97110) 3 times per week for 2 weeks medically necessary?

Therapeutic exercises 3 times per week for 2 weeks are medically necessary in this case. The patient in this case is currently experiencing back-related symptoms that would be expected to be part of normal post-spinal fusion sequelae and a recent EMG done indicated that the patient had radiculopathy at the L3-4 and L5-S1 levels.

The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (eg, thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain. *Phys Ther.* 2001;81:1641-1674).

Haldeman et al indicate that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result (Haldeman, S., Chapman-Smith, D., and Petersen, D., *Guidelines for Chiropractic Quality Assurance and Practice Parameters*, Aspen, Gaithersburg, Maryland, 1993)

**Conclusion/Decision to Certify:**

Therapeutic exercises 3 times per week for 2 weeks are medically necessary in this case.

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**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993

**References Used in Support of Decision:**

Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain. Phys Ther. 2001;81:1641-1674

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This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

**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 / Appeals Clerk  
P. O. Box 17787  
Austin, TX 78744

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. MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

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It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Stacie S ext 577

cc: Requestor  
Respondent