

May 15, 2006

VIA FACSIMILE
Gregory Davidovich, DC
Attention: Gregory Davidovich, DC

VIA FACSIMILE
New Hampshire Insurance/SRS
Attention: Mona Johnson

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1240-01
DWC #:
Injured Employee: ____
Requestor: Gregory Davidovich, DC
Respondent: New Hampshire Insurance/SRS
MAXIMUS Case #: TW06-0075

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308, which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing chiropractic provider has no known conflicts of interest 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, was signed. In addition, the MAXIMUS chiropractic reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult male who had a work related injury on _____. Records indicate that while working as a fleet service clerk he was bending and unloading a heavy container full of mail. He also reported that he felt low back and right hip pain which progressively worsened.

Diagnoses included right lumbar radiculopathy and lumbar myofascial pain. Evaluation and treatment has included MRI, chiropractic treatment, myelogram, EMG study, epidural injections, and medications.

Requested Services

Preauthorization for physical therapy for 26 sessions CPT codes 97530, 97012, 97140, 97110

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Back in Action Records – 3/23/06
2. Physical Therapy Records – 4/2/06
3. Appeal Reconsideration – not dated
4. Request for Preauthorization – 3/31/06
5. Determination Notices – 4/4/06, 4/10/06
6. Spine Team Texas Records – 2/27/06
7. Texas Back Institute Records – 12/30/05-1/13/06
8. Electrodiagnostic Studies – 2/16/06
9. Presbyterian Plan Center for Diagnostics & Surgery – 2/9/06
10. Stand Up MRI of America Records – 12/14/05

Documents Submitted by Respondent:

1. Determination Notices – 1/6/06, 4/4/06, 4/10/06
2. Revised Oswestry Index – 3/23/06
3. Roland Morris Low Back Pain Disability Questionnaire – 3/23/06
4. Spine Team Texas – 2/27/06
5. Presbyterian Plan Center for Diagnostics & Surgery – 2/9/06
6. Electrodiagnostic Studies – 2/16/06
7. Stand Up MRI of America Records – 12/14/05
8. Presbyterian Plan Center for Diagnostics & Surgery – 2/9/06
9. Texas Back Institute Records – 12/30/05-1/13/06
10. Request for Preauthorization – 3/31/06
11. Back in Action Records – 3/23/06

Decision

The Carrier's denial of authorization for the requested services is overturned.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated in regard to the spinal decompression therapy, one clinical study reported, "Eighty-six percent of ruptured intervertebral disc (RID) patients achieved 'good' (50-89% improvement) to 'excellent' (90-100% improvement) results with decompression. Sciatica and back pain were relieved." "Of the facet arthrosis patients, 75% obtained 'good' to 'excellent' results with decompression." (Shealy, Norman MD; Borgmeyer, Vera RN MA. Emerging Technologies: Preliminary Findings: Decompression, Reduction, and stabilization of the lumbar spine: A cost-effective treatment for lumbosacral pain. American Journal of Pain Management. 1997; 7(2)). The MAXIMUS chiropractor consultant also noted that in another medical study reported, "Serial MRI of 20 patients treated with the decompression table shows in our study up to 90% reduction of subligamentous nucleus herniation in 10 of 14. Some rehydration occurs detected by T2 and proton density signal increase. Torn annulus repair is seen in all." (¹ Eyerman, Edward MD. Simple pelvic traction gives inconsistent relief to herniated lumbar disc sufferers. Journal of Neuroimaging. Paper presented to the American Society of Neuroimaging, Orlando, Florida 2-26-98) The MAXIMUS chiropractor consultant indicated that a third study reported, "Results showed that 86% of the 219 patients who completed the therapy reported immediate resolution of symptoms, while 84% remained pain-free 90 days post-treatment. Physical examination findings showed improvement in 92% of the 219 patients, and remained intact in 89% of these patients 90 days after treatment." (Gionis, Thomas MD; Groteke, Eric DC. Surgical Alternatives: Spinal Decompression. Orthopedic Technology Review. 2003; 6 (5)) The MAXIMUS chiropractor consultant noted that another clinical trial reported, "All but two of the patients in the study improved at least 30% or more in the first three weeks. Utilizing the outcome measures, this form of decompression reduces symptoms and improves activities of daily living." (Bruce Gundersen, DC; Michael Henrie, MS II, Josh Christensen, DC. A Clinical Trial on Non-Surgical Spinal Decompression Using Vertebral Axial Distraction Delivered by a Computerized Traction Device. The Academy of Chiropractic Orthopedists Quarterly Journal of ACO, June 2004. SOAH Docket No. 453-04-7288.M5, Kiest Park Medical V. Texas Mutual Insurance Co. (TWCC NO. M5-04-1212-01)) The MAXIMUS chiropractor noted that at least one State Office of Administrative Hearings (SOAH) decision has supported the medical necessity of spinal decompression therapy. (Clin. Proc. 2003; 78:1554-1556)

The MAXIMUS chiropractor consultant indicated that the carrier reviewer referenced the Mayo case study and used it as a basis for denial due to the safety factor. The MAXIMUS chiropractor consultant also indicated that in actuality, it was a report about a single adverse reaction out of the hundreds of thousands of spinal decompression treatments that have been performed throughout the years. The MAXIMUS chiropractor consultant noted the Mayo study concluded by stating, "A single complication does not mean that VAX-D [spinal decompression] is unsafe." The MAXIMUS chiropractor consultant also noted that based on those studies and the medical records in this case, the proposed spinal decompression therapy treatments and complementary therapies fulfill statutory requirements for medical necessity since they offer this claimant the best opportunity to obtain relief, promote recovery and enhance the employee's ability to return to employment. (Clin. Proc. 2003;78:1554-1556, Texas Labor Code 408.021. Texas Labor Code 408.021)

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for physical therapy for 26 sessions of CPT codes 97530, 97012, 97140, 97110 is medically necessary for treatment of the member's condition.

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.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department

cc: Division of Workers Compensation

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 15th day of May 2006.

Signature of IRO Employee: _____
External Appeals Department