

  
**INDEPENDENT REVIEW INCORPORATED**

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**July 25, 2006**

**Amended July 31, 2006**

**Re:    MDR #:        M2 06 167001        Injured Employee:    \_\_\_  
      DWC #:        \_\_\_                    DOI:                    \_\_\_  
      IRO Cert. #: 5055                    SS#:                    \_\_\_**

**TRANSMITTED VIA FAX TO:**  
**TDI, Division of Workers' Compensation**  
Attention: \_\_\_  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RESPONDENT:                    Fidelity & Guaranty Insurance**

**TREATING DOCTOR:        Steven Enabnit, DC**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a chiropractor who is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the requestor, payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

### 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.

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 July 25, 2006.

Sincerely,

The image shows a stylized handwritten signature consisting of the lowercase letters 'j' and 'c' in a bold, black font. The 'j' has a dot above it, and the 'c' is a simple, rounded shape.

Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
M2 06 1670 01**

**Information Provided for Review:**

1. Notification of IRO Assignment and Table of Disputed Services
2. Treating doctors preauthorization request and reconsideration
3. Carrier denials of preauthorization and reconsideration
4. Statement of position from treating doctor of chiropractic, dated 7/11/06
5. Carrier's statement of position, through their attorney, dated 7/3/06
6. Required medical examination report, dated 3/1/06
7. Treating doctor's initial and subsequent daily notes, from 7/7/05 through 1/11/06
8. Functional capacity evaluation, date 5/24/06
9. Physical performance evaluation, dated 7/28/05
10. Orthopedic surgeon's notes and reports, multiple dates
11. Lumbar operative report, dated 10/17/05
12. MRI report, lumbar spine, dated 2/14/06
13. Radiographical report, 2 view chest, dated 9/16/05
14. Single view lateral lumbar spine radiographic report, dated 10/17/05
15. Post-operative pathology report, date 10/17/05

**Clinical History:**

Patient is a salesperson for a national auto parts chain who, on \_\_\_\_, was unloading batteries, and when he bent down to pick up a particular battery—while twisted at the waist—he “heard three popping noises” in his back as he lifted. He experienced immediate lower back pain, with radiating pain down the left side into the buttock, and into the right side to the groin. Despite his pain, he continued working for approximately a week and a half before presenting himself for treatment. He was seen by various medical doctors and specialists, and eventually underwent spinal surgery, specifically partial laminectomies of L4 and L5, with medial hemifacertectomy and decompression with foraminotomy at L4-5, on 10/17/05.

He eventually presented to a doctor of chiropractic on 7/7/05 who performed conservative chiropractic care, physical therapy and rehabilitation. The patient continues

to be symptomatic despite the extent of care rendered thus far, and now spinal decompression therapy is requested.

**Disputed Services:**

Preauthorization for 10 sessions of spinal decompression therapy (S9090 or 97799).

**Decision:**

I DISAGREE WITH THE URA'S PREVIOUS ADVERSE DETERMINATION.

**Rationale:**

While the IME doctor listed several anti-chiropractic publications, none of them are relevant to the proposed ten spinal decompression sessions recommended by the treating doctor. And since the carrier reviewer opined, "The claimant is considered a surgical candidate," the proposed spinal decompression therapy sessions give the claimant the best opportunity to avoid spinal surgery.

In this case, there is more than sufficient documentation supporting the medical necessity of the proposed treatment.

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 spinal decompression. Sciatica and back pain were relieved." "Of the facet arthrosis patients, 75% obtained 'good' to 'excellent' results with decompression." <sup>1</sup>

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." <sup>2</sup>

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." <sup>3</sup>

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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).

<sup>2</sup> 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.

<sup>3</sup> Gionis, Thomas MD; Groteke, Eric DC. Surgical Alternatives: Spinal Decompression. Orthopedic Technology Review. 2003; 6 (5).

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.”<sup>4</sup>

Moreover, multiple Texas medical dispute resolutions and at least one Texas SOAH decision<sup>5</sup> have supported the medical necessity of spinal decompression therapy.

Therefore, in this case, the proposed spinal decompression therapy sessions meet statutory requirements<sup>6</sup> for medical necessity since they give the claimant the best opportunity to obtain pain relief, promote recovery, enhance the employee’s ability to return to or retain employment, and in the process to avoid spinal surgery.

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<sup>4</sup> 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

<sup>5</sup> SOAH Docket No. 453-04-7288.M5, Kiest Park Medical V. Texas Mutual Insurance Co. (TWCC NO. M5-04-1212-01)

<sup>6</sup> Texas Labor Code 408.021