


INDEPENDENT REVIEW INCORPORATED

September 11, 2006

Re: MDR #: M2 06 1806 01 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: Continental Casualty

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 payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

**P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)**

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 September 11, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1806 01**

Information Provided for Review:

1. DWC Assignment form
2. Office records from the requesting/treating doctor
3. Records from the insurer.

Clinical History:

Patient is a 40-year-old female sales manager who, on ___ was repeatedly bending and moving boxes of food when she developed lower back and right leg pain. A medical doctor who prescribed medications and performed injections initially saw her, but then on 7/14/05, she presented herself to a doctor of chiropractic. He performed an examination and then began a conservative trial of chiropractic care, physical therapy and rehabilitation. The claimant seemed to be progressing well by January 2006, but returned to her treating doctor in June when a flare-up occurred. An MRI was performed and it revealed a "large" disc herniation at L5-S1 with "moderate" central canal stenosis at that level; in addition, there was "mild" canal stenosis at L4-5 due to disc bulging and hypertrophy of the ligamentum flavum.

Disputed Services:

Preauthorization for spinal decompression therapy for 20 sessions

Decision:

The reviewer disagrees with the prior adverse determination.

Rationale:

The reconsideration carrier reviewer referenced the Mayo case study and used it as a basis for denial due to the safety factor. 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. In fact, the Mayo study¹ concluded by stating, "A

¹ Clin. Proc. 2003;78:1554-1556

single complication does not mean that VAX-D [spinal decompression] is unsafe.” And, the initial carrier reviewer wrote, as his basis for denial that “There has been reported poor response to this form of care with patient <sic> with radicular symptoms,” yet no specific citation was provided to back up this statement.

However, all that aside, 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.”²

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.”³

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.”⁴

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.”⁵

Moreover, multiple Texas medical dispute resolutions and at least one Texas SOAH decision⁶ have supported the medical necessity of spinal decompression therapy. Therefore, in this case, the proposed spinal decompression therapy sessions meet statutory requirements⁷ 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...avoid spinal surgery.

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).

³ 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.

⁴ Gionis, Thomas MD; Groteke, Eric DC. Surgical Alternatives: Spinal Decompression. Orthopedic Technology Review. 2003; 6 (5).

⁵ 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

⁶ SOAH Docket No. 453-04-7288.M5, Kiest Park Medical V. Texas Mutual Insurance Co. (TWCC NO. M5-04-1212-01)

⁷ Texas Labor Code 408.021