

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Phone: 512-288-3300

Austin, Texas 78735

FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1848-01
Name of Patient:	_____
Name of URA/Payer:	Hartford Underwriters Insurance
Name of Provider: (ER, Hospital, or Other Facility)	Ft. Worth Healthcare Systems
Name of Physician: (Treating or Requesting)	Clifford Rogers, DC

September 6, 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.

September 6, 2006
Notice of Independent Review Determination
Page 2

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Ft. Worth Healthcare Systems
Clifford Rogers, DC
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

1. Notification of IRO Assignment and Table of Disputed Services
2. Initial request for services, dated 6/8/06
2. Carrier's initial denial, dated 6/14/06
3. Request for an appeal, dated 6/23/06
4. Carrier's reconsideration denial, dated 6/29/06
5. Psychological evaluation and reported, dated 5/25/06
6. Physical Performance Examination, dated 5/17/06
7. Medical examination and report, dated 5/17/06

CLINICAL HISTORY

Patient is a 53-year-old male laborer who, on ____, was injured. On that date, he was fixing a 16-inch piece of pipe that was also tied to a cable. Reportedly, another worker was driving by in a backhoe and as he passed by, the backhoe caught the cable and Mr. ____ became wrapped up in it resulting in rib and pelvic fractures, abdominal injuries, and sprain/strains of his cervical and lumbar spines. He underwent abdominal surgery the next day (colostomy), and had a second similar surgery in 2002. He has been treated with various medications since, received injections, and has participated in physical therapy, including massage, stretching, heat and ice. He has also self-treated with topical analgesics. He has participated in 10 days of a work hardening program, but has not returned to work since the injury.

REQUESTED SERVICE(S)

Preauthorization for 10 sessions of a Chronic Behavioral Pain Management program (97799).

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of

RE: _____

multidisciplinary rehabilitation as compared to usual care.”¹ The literature further states “...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities...”² And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.³ Based on those studies, a chronic pain management program cannot be supported as medically necessary.

Furthermore, a chronic pain management program is not medically indicated until such time as all other indicated therapies have been attempted and failed. However, the medical records submitted in this case failed to document that chiropractic spinal adjustments were performed at any time. In fact, in the behavioral evaluation and report dated 5/25/06, the examiner provided a list of previous treatments (page 2, “Prior Treatment for this Injury”) and chiropractic manipulation was not mentioned. According to the AHCPR⁴ guidelines, spinal manipulation is the only treatment that can relieve symptoms, increase function and hasten recovery for adults with acute low back pain and JMPT⁵ reported that spinal manipulation may be the only treatment modality offering broad and significant long-term benefit for patients with chronic spinal pain syndromes. Other studies^{6 7 8 9 10 11} have shown the similar benefits

¹ Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.

² Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.

³ Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.

⁴ 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.

⁵ Muller, R. Giles, G.F. J Manipulative Physiol Ther 2005;28:3-11.

⁶ Hurwitz EL, Morgenstern H, Harber P, Kominski GF, Yu F, Adams AH. A randomized trial of chiropractic manipulation and mobilization for patients with neck pain: clinical outcomes from the UCLA neck-pain study. Am J Public Health. 2002 Oct;92(10):1634-41.

RE: _____

of spinal manipulation for cervical spine conditions. Since the records did not reveal that a proper regimen¹² of this recommended form of treatment ever occurred, the requested chronic pain management program is both premature and medically unnecessary.

Finally, the previously attempted work hardening program had within it similar self-help strategies, coping mechanisms, exercises and modalities that are inherent in and central to the proposed chronic pain management program. In other words, and for all practical purposes, much of the proposed program has already been attempted and failed since, despite the work hardening program, the claimant remains off work. Therefore, since the patient is not likely to benefit in any meaningful way from repeating unsuccessful treatments, the chronic pain management program is not supported as medically necessary.

⁷ Hoving JL, Koes BW, de Vet HC, van der Windt DA, Assendelft WJ, van Mameren H, Deville WL, Pool JJ, Scholten RJ, Bouter LM. Manual therapy, physical therapy, or continued care by a general practitioner for patients with neck pain. A randomized, controlled trial. *Ann Intern Med*. 2002 May 21;136(10):713-22.

⁸ Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G, Cervical overview group. Manipulation and Mobilisation for Mechanical Neck Disorders. *Cochrane Database Syst Rev*. 2004;1:CD004249.

⁹ Koes, B, Bouter, L, et al. Randomised clinical trial of manipulative therapy and physiotherapy for persistent back and neck complaints: results of one year follow up. *BMJ* 1992;304:601-5.

¹⁰ Koes BW, Bouter LM van Mameren H, et al. A randomized clinical trial of manual therapy and physiotherapy for persistent neck and back complaints: sub-group analysis and relationship between outcome measures. *J Manipulative Physio Ther* 1993;16:211-9.

¹¹ Cassidy JD, Lopes AA, Yong-Hing K. The immediate effect of manipulation versus mobilization on pain and range of motion in the cervical spine: A randomized controlled trial. *J Manipulative Physio Ther* 1992;15:570-5.

¹² Haas M, Grouppe 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."

RE: _____

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 7th day of September, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell