

September 11, 2006

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

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-1875-01
CLIENT TRACKING NUMBER: M2-06-1875-01 5278

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:

FROM THE STATE OF TEXAS:

Notification of IRO assignment form 8/23/06 - 1 page

Texas Department of Insurance Division of Workers' Compensation form 8/23/06 - 1 page

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Medical Dispute resolution request/response 8/1/06 - 1 page
Provider form - 1 page
Table of disputed services - 1 page
Letter from UniMed Direct LLC 5/30/06 - 2 pages
Letter from St. Paul Travelers 6/30/06 - 2 pages

FROM THE REQUESTOR/Dr. Steven Enabnit, DC:

Letter from Dr. Enabnit, DC 8/16/06 - 2 pages
Initial examination and SOAP notes 10/29/04 - 12/7/04 - 10 pages
SOAP notes 12/8/04 - 3/8/05 - 7/21/06 - 107 pages
Discharge instructions 10/26/04 - 1 page
Diagnostic imaging report 10/26/04 - 1 page
Physical performance evaluation 11/16/04 - 9 pages
Oswestry low back pain disability questionnaire 11/16/04 - 2 pages
Dallas pain questionnaire 11/16/04 - 3 pages
Physical performance evaluation 12/6/04 - 9 pages
Oswestry low back pain disability questionnaire 12/6/04 - 2 pages
Dallas pain questionnaire 12/6/04 - 3 pages
Physical performance evaluation 1/26/05 - 9 pages
Oswestry low back pain disability questionnaire 1/26/05 - 2 pages
Dallas pain questionnaire 1/26/05 - 3 pages
Physical performance evaluation 2/28/05 - 9 pages
The Waddell signs report 2/28/05 - 1 page
Oswestry low back pain disability questionnaire 2/28/05 - 1 page
Dallas pain questionnaire 2/28/05 - 3 pages
Physical performance evaluation 3/21/05 - 9 pages
Oswestry low back pain disability questionnaire 3/21/05 - 2 pages
Dallas pain questionnaire 3/21/05 - 3 pages
Physical performance evaluation 5/11/05 - 9 pages
Oswestry low back pain disability questionnaire 5/11/05 - 2 pages
Dallas pain questionnaire 5/11/05 - 3 pages
Physical performance evaluation 6/2/05 - 9 pages
The Waddell signs report 6/2/05 - 1 page
Dallas pain questionnaire 6/2/05 - 3 pages
Physical performance evaluation 8/4/05 - 9 pages
The Waddell signs report 8/4/05 - 1 page
Oswestry low back pain disability questionnaire 8/4/05 - 1 page
Dallas pain questionnaire 8/4/05 - 3 pages
Lumbar ultrasound report 11/18/04 - 1 page

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Follow up notes 1/5/06 – 1/19/06 – 2 pages
Follow up notes 2/2/06 – 1 page
Follow up notes 11/4/04 – 11/18/04 – 2 pages
Follow up notes 12/9/04 – 12/16/04 – 2 pages
Follow up notes 12/30/04 – 1/6/05 – 2 pages
Follow up notes 1/13/05 – 1/20/05 – 2 pages
Follow up notes 1/27/05 – 2/3/05 – 2 pages
Follow up notes 2/10/05 – 2/17/05 – 2 pages
Follow up notes 2/24/05 – 3/3/05 – 2 pages
Follow up notes 3/10/05 – 3/24/05 – 2 pages
Follow up notes 4/7/05 – 4/14/05 – 2 pages
Follow up notes 4/21/05 – 4/28/05 – 2 pages
Follow up notes 5/5/05 – 5/12/05 – 2 pages
Follow up notes 5/19/05 – 5/26/05 – 2 pages
Follow up notes 6/2/05 – 7/7/05 – 2 pages
Follow up notes 7/14/05 – 7/28/05 – 2 pages
Follow up notes 8/4/05 – 8/18/05 – 2 pages
Follow up notes 8/25/05 – 9/1/05 – 2 pages
Follow up notes 9/8/05 – 11/3/05 – 2 pages
Follow up notes 11/10/05 – 1 page
Discharge instructions 5/23/06 – 4 pages
Designated doctor evaluation 12/27/04 – 5 pages
Lumbar ROM Impairment report – 1 page
Designated doctor evaluation 6/9/05 – 6 pages
Arcon AIRS Impairment rating report – 1 page
Letter from Dr. Francis, MD 10/22/05 – 1 page
Chart notes summary by Dr. Francis, MD 10/22/05 – 1 page
Letter from Dr. Valdez, MD 11/3/05 – 1 page
Letter from Dr. Hood, MD 1/11/05 – 3 pages
Letter from Dr. Francis 8/13/05 – 2 pages
Chart notes summary by Dr. Francis, MD 8/13/05 – 3 pages
Electrodiagnostic testing report 2/16/05 – 4 pages
Page 2 of letter from Dr. Proler, MD – 1 page
Nerve studies report 3/17/05 – 6 pages
Radiology report/MRI of lumbar spine 11/9/04 – 1 page
Imaging report/chest and lumbar spine 9/9/05 – 1 page
Imaging report/lumbar myelogram under IV sedation 9/9/05 – 1 page
Imaging report/post myelogram CT scan of lumbar spine 9/9/05 – 1 page
Letter from Starwood Mobile Diagnostics 2/16/05 – 1 page

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FROM THE RESPONDENT/Travelers Indemnity:

Letter from Travelers 8/16/06 – 2 pages

Summary of Treatment/Case History:

This is the case of a female patient who was injured on ___ and her provider is suggesting Vax-D treatments.

Questions for Review:

Items in dispute: preauthorization denied for spinal decompression

Explanation of Findings:

There were 303 pages of materials evaluated. The provider cites many promotional websites that support the use of Vax-D, but there are no strong randomized controlled trials to support the use of Vax-D. The provider and those companies supporting Vax-D state that it is not a form of traction, however it continues to be classified as traction elsewhere.

Page 300 of Ch.12 in ACOEM guidelines: “Traction has not been proven effective for lasting relief in treating low back pain. Because evidence is insufficient to support using Vertebral Axial Decompression for treating low back injuries, it is not recommended”. The literature further states that a complication of this procedure is sudden progression of lumbar disc protrusion requiring urgent surgical intervention. (Mayo Clinic Proc. 2003:78: 1554–1555)

ODG/TWC states, “Vertebral Axial Decompression (Vax-D) not recommended. While there is some limited promising studies, the evidence in support of vertebral axial decompression is insufficient to support its use in low back injuries. “

A further review of the guidelines revealed no substantial randomized control trials supporting the use of Vax-D.

Conclusion/Decision to Not Certify:

The services are not medically necessary based on the above rationale.

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

Scientific literature of the medical community

References Used in Support of Decision:

Page 300 of Ch. 12 in ACOEM guidelines

ODG/TWC guidelines

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The chiropractor who provided this review has been issued a certificate by the state Board of Chiropractic Examiners. This reviewer has also received certification for Acupuncture. This reviewer is a fellow of the American Back Society. This reviewer is a member of the American Academy of Disability Evaluating Physicians and the Texas Chiropractic Association. This reviewer has been in active 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

In accordance with Division 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 11 day of Sep/2006.

Cherstin Bailey

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and 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 MRIOA 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 MRIOA 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 MRIOA 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 MRIOA 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: Cherstin B ext 593

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