



September 22, 2006

Re: MDR #: M2 06 1984 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Liberty Mutual

TREATING DOCTOR: Steven Enabnit

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC 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 president of ZRC Medical Resolutions, 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 ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

Your Right To Appeal

P.O. Box 855

Sulphur Springs, TX 75483

903.488.2329 * 903.642.0064 (fax)

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 22, 2006.

Sincerely,

jc

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 06 1984 01**

Information Provided for Review:

1. DWC referral
2. Insurance Company records
3. Treating doctor/requestor records

Brief Clinical History: Patient is a 41-year-old male manager of an equipment rental company who, on ____, was driving a company vehicle when he was involved in a rear-end motor vehicle accident, injuring his lumbar and cervical spines. An MRI of the lumbar spine performed on 12/13/04 revealed degenerative changes at L3, L4 and L5 with loss of hydration at L5-S1 level, with only “minimal” subligamentous bulging of the disc at that level and “no evidence of impaction on the thecal sac or foraminal extension.” However, a follow-up MRI performed on 6/2/05 revealed “broad-based subligamentous disc protrusions at L4-5 and at L5-S1,” without focal lumbar disc herniations. He has been treated with medications, injections (ESIs), nerve blocks, physical therapy and rehabilitation, and has been recommended for spinal surgery. As a manager, the claimant has been able to successfully modify his work responsibilities, so he has been working at regular duty despite his reported continued pain and symptomatology. On 7/21/06, he presented to a doctor of chiropractic who performed an examination and then recommended lumbar spinal decompression therapy for 20 sessions.

Item(s) and Date(s) in Dispute: Preauthorization for spinal decompression therapy (S9090).

Decision:

THE REVIEWER DISAGREES WITH THE PRIOR ADVERSE DETERMINATION.

Rationale/Basis for Decision: According to the AHCPR¹ guidelines, spinal manipulation was the only recommended treatment that could relieve symptoms, increase function and hasten recovery for adults suffering from acute low back pain; the British Medical Journal² reported that spinal manipulation combined with exercise yielded the greatest benefit; and JMPT³ reported that spinal manipulation may be the only treatment modality offering broad and significant long-term benefit for patients with chronic spinal pain syndromes.

¹ 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.

² *UK Back pain Exercise And Manipulation (UK BEAM) randomised trial:* Medical Research Council, British Medical Journal (online version) November 2004.

³ Muller, R. Giles, G.F. Long-term Follow-up of a Randomized Clinical Trial Assessing the Efficacy of Medication, Acupuncture, and Spinal Manipulation for Chronic Mechanical Spinal Pain Syndromes. J Manipulative Physiol Ther 2005;28:3-11.

Based on those findings, and absent any indication of contraindication or that the patient has declined spinal manipulation, it is concerning that surgery is being recommended prior to the performance of a proper regimen⁴ of this recommended treatment. The proposed spinal decompression therapy sessions – hopefully in conjunction with spinal manipulation – meet statutory requirements⁵ for medical necessity since they give the claimant the best opportunity to obtain pain relief, promote recovery, enhance the employee’s ability to retain employment, and in the process...avoid spinal surgery.

In regard to the efficacy of the proposed treatment, there is more than sufficient documentation to support its medical necessity. 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.”⁶ “Of the facet arthrosis patients, 75% obtained ‘good’ to ‘excellent’ results with decompression.”⁶ 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.”⁷ 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.”⁸ 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.”⁹ Moreover, multiple Texas medical dispute resolutions and at least one Texas SOAH decision¹⁰ have supported the medical necessity of spinal decompression therapy.

⁴ Haas M, Group 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.”

⁵ Texas Labor Code 408.021

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).

⁷ 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.

⁸ Gionis, Thomas MD; Groteke, Eric DC. Surgical Alternatives: Spinal Decompression. *Orthopedic Technology Review.* 2003; 6 (5).

⁹ 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

¹⁰ SOAH Docket No. 453-04-7288.M5, Kiest Park Medical V. Texas Mutual Insurance Co. (TWCC NO. M5-04-1212-01)