

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0988-01
Name of Patient:	
Name of URA/Payer:	University Health System
Name of Provider: (ER, Hospital, or Other Facility)	San Antonio Spine & Rehab
Name of Physician: (Treating or Requesting)	Jason Eaves, DC

June 19, 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.

June 19, 2006
Notice of Independent Review Determination
Page 2

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: San Antonio Spine & Rehab
Jason Eaves, DC
Division of Workers' Compensation

DOCUMENTS REVIEWED

1. Notification of IRO Assignment and Table of Disputed Services
2. Carrier denial, dated 2/8/06 and 2/20/06
3. Treating doctor's statement of position, dated 2/9/06
4. Medical doctor's subsequent evaluation, dated 1/2/06
5. Treating doctor's subsequent evaluation, dated 1/5/06
6. Request and reconsideration requests by treating doctor for additional sessions of work hardening
7. Work hardening "group notes," dated 12/16/05 and 12/26/05
8. Work hardening "weekly notes," dated 12/12, 13, 14, 15, 16/05 and then 12/19, 20, 21, 22, 26/05
9. Work hardening assessment/psychological history, dated 11/4/05

CLINICAL HISTORY

Patient is a 48-year-old housekeeper for the _____ who, on ____, was injured. Reportedly on that date, the claimant was in the process of emptying the trash, and was holding the can of refuse over her head through the automatic door when the door closed suddenly on her, hitting her on the left side of her back. She then sought treatment with a doctor of chiropractic, including physical therapy, and eventually received injections by a pain management specialist, and then participated in a work hardening program. The treating doctor is now requesting a chronic pain management program.

REQUESTED SERVICE(S)

Preauthorization request for 30 sessions of chronic pain management program (CPT 97799).

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

First and foremost in this case, the previously attempted work hardening program had within it the 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. Therefore, since the patient is not likely to benefit in any meaningful way from repeating unsuccessful treatments, the proposed chronic pain management program is medically unnecessary.

Moreover, a chronic pain management program is not medically indicated until such time as all other indicated therapies have been attempted and failed. In this case, the supplied medical records failed to indicate that spinal manipulation had been utilized at any time. According to the AHCPR¹ guidelines, spinal manipulation is the only treatment that can relieve symptoms, increase function and hasten recovery for adults with acute low back pain and JMPT² 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^{3 4 5 6 7} have shown the similar benefits of spinal manipulation for cervical spine conditions.

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

³ 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.

⁴ 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.

⁵ Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G, Cervical overview group. Manipulation and Mobilization for Mechanical Neck Disorders. Cochrane Database Syst Rev. 2004;1:CD004249.

⁶ Koes, B, Bouter, L, et al. Randomized clinical trial of manipulative therapy and physiotherapy for persistent back and neck complaints: results of one year follow up. BMJ 1992;304:601-5.

Therefore, the requested chronic pain management program is neither indicated nor medically necessary since it is premature.

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.

⁷ Koes BW, Bouter LM van Marmeren 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.

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 20th day of June, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell