

June 26, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1450-01

CLIENT TRACKING NUMBER: M2-06-1450-01 /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:

Records Received from the State:

- Notification of IRO Assignment, 5/30/06 - 2 pages
- Medical Dispute Resolution Request/Response, 5/30/06 - 4 pages
- Table of Disputed Services, undated - 1 page
- Denial Letter from SRS, 3/31/06 - 2 pages
- Denial Letter from SRS, 4/20/06 - 2 pages

Records Received from the Respondent:

- Additional Information for Consideration of Work Hardening Program, undated - 1 page

(continued)

- Functional Capacity Evaluation, 2/23/06 – 7 pages
- Office Notes, 2/23/06 – 3 pages
- Repeat Psych Diagnostic Interview, 3/23/06 – 7 pages
- Prescription, 3/29/06 – 1 page
- Letter of Medical Necessity, 4/14/06 – 1 page
- Duplicates, various dates – 38 pages

Records Received from the Requestor:

- Patient Report, undated – 1 page
- Notes from Lone Star Imaging, 2/28/05 – 2 pages
- X-Ray Lumbar Spine, 2/28/05 – 1 page
- Office Notes, 3/14/05–5/5/05 – 10 pages
- MRI of the Lumbar Spine, 5/18/05 – 1 page
- MRI of the Cervical Spine, 5/18/05 – 1 page
- MRI of the Left Shoulder, 5/18/05 – 1 page
- Evaluation and Management Initial Report, 5/10/05 – 2 pages
- MRI of the Cervical Spine, 5/18/05 – 2 pages
- MRI of the Lumbar Spine, 5/18/05 – 2 pages
- MRI of the Left Shoulder, 5/18/05 – 2 pages
- Office Notes, 5/19/05 – 2 pages
- Evaluation and Management, 5/20/05–5/24/05 – 4 pages
- Office Notes, 6/1/05–6/13/05 – 3 pages
- Evaluation and Management, 6/14/05 – 2 pages
- Office Notes, 6/16/05 – 2 pages
- Evaluation and Management, 6/21/05–7/12/05 – 4 pages
- Office Notes, 7/13/05–8/15/05 – 8 pages
- Evaluation and Management, 8/23/05–9/6/05 – 4 pages
- Office Notes, 9/15/05 – 1 page
- Evaluation and Management, 10/3/05 – 2 pages
- Office Notes, 10/3/05 – 1 page
- Evaluation and Management, 10/4/05–11/8/05 – 10 pages
- Office Notes, 12/19/05 – 1 page
- Evaluation and Management, 2/7/06 – 2 pages
- Office Notes, 3/23/06–4/27/06 – 2 pages
- Duplicates, various dates – 3 pages

Summary of Treatment/Case History:

This is the case of an _____ employee who was injured on the job.

Questions for Review:

Preauthorization denied for work hardening 5 times a week for 6 weeks.

(continued)

Explanation of Findings:

Preauthorization denied for work hardening 5 times a week for 6 weeks.

The documentation was thoroughly reviewed. There are over 100 pages of soap notes and documentation on this case. The patient complains of neck, low back, and shoulder pain and has received extensive physical medicine and rehabilitation to date.

MRIs of the neck, shoulder, and back regions do not show any significant debilitating findings, other than small bulges that do not impinge on the thecal sac or nerve roots. Soap notes indicate that his motor strength is within normal limits and there are no frank neurological deficits and reflexes are normal.

The soap notes reflect an extensive period of therapy, after which the patient has the same positive orthopedic findings and no objective signs of clinical improvement. There are no quantitative measures of increasing ranges of motion, strength or functionality to gauge clinical improvement. A comparison of dates (10/03/05, 12/19/05, 3/23/06, and 4/27/06) show that the patient's response to the orthopedic testing is essentially unchanged.

"Treatment exceeding 4 weeks or temporary disability for longer than 4 weeks with no objective signs of improvement, or worsening of the condition within the first 2 weeks, may signal the need for a second opinion or referral."

"The Rand Study suggests an adequate trial of manipulation is a course of 12 manipulations given over a period of up to 4 weeks, after which, in the absence of documented improvement, spinal manipulation is no longer indicated".

"In general, some evidence of measurable clinical improvement (objective and subjective) should be noted within 8 visits or 2 to 4 weeks to justify continued care".

The patient has had passive and active care, rehabilitative care, home care protocols, and injections for a lengthy period of care. The functional capacity evaluation (FCE) indicates that the patient is capable of lifting up to 25 lbs, placing him at a medium workload capacity. ACOEM guidelines, Chapter 12, page 288 indicates that return to work has the best therapeutic outcomes in a case of low back pain.

Chiropractic treatment is a reasonable part of a rehabilitation program following an injury or procedure. For medical necessity to be established there must be an expectation of recovery or improvement within a reasonable and generally predictable time frame. In addition, the type, frequency, and duration of services must be reasonable and consistent with the standards of practice in the chiropractic community. There is no indication in the notes that the patient continues to receive any significant lasting objective benefit. There is no documentation of improved strength, endurance, or function that justifies continued care. There is no indication that the treatment cures or relieves the effects of injury, promotes recovery, or helps the individual return to or retain employment.

(continued)

The request for work hardening 5 times per week for 6 weeks is not justified by the documentation provided.

Conclusion/Decision to Not Certify:

The request for work hardening 5 times per week for 6 weeks is not justified by the documentation provided.

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

Scientific literature of the chiropractic community

References Used in Support of Decision:

1. Hansen D.T. Chiropractic Standards of Practice and Utilization Guidelines in the Care and Treatment of Injured Workers. Washington State Dept. of Labor and Industries.
2. Shekelle PG et al: The Appropriateness of Spinal Manipulation for LBP: Indications and Ratings by an All-Chiropractic Expert Panel. Santa Monica, Ca. Rand.
3. Vear, HJ: Chiropractic Standards of Practice and Quality Care, Gaithersburg, MD. Aspen Publishers.
4. ACOEM guidelines, Chapter 12, page 288.

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.

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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 27 day of Jun/2006.

Jamie Cook

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

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: Jamie C ext 583

CC: Requestor and Respondent