



SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification & QA
Division (HWCN) MC 103-5A
Via fax: 512.804.4868

San Antonio Spine and Rehab
210.921.0398

U.S. Fire Insurance Co.
972.380.3100

RE: IRO Case #: M2 07 0542 01
Name: _____
Coverage Type: Workers' Compensation Health Care - Non- network
Type of Review:
 Preauthorization
 Concurrent Review
 Retrospective Review
Prevailing Party:
 Requestor
 Carrier

ZRC Medical Resolutions, Inc. (ZRC) has been certified, IRO Certificate 5340 by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to ZRC for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

ZRC has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, ZRC reviewed the medical records and documentation provided to ZRC by involved parties.

This case was reviewed by a chiropractor. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO.

In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.



As an officer of ZRC, I certify that:

1. there is no known conflict between the reviewer, ZRC and/or any officer/employee of ZRC with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on January 18, 2007.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Jeff Cunningham, D.C.
President/CEO

REVIEWER'S REPORT
M2 07 0542 01

Brief Clinical History: Patient is a 62-year-old male diabetic truck driver who, on ___ fell, injuring his neck, lower back and striking his head. The exact mechanism of injury is unclear, as various accounts of what actually occurred are expressed in the records. For example, one account states that he was inside his tractor trailer, arranging stacks of bread when he fell backwards within the trailer itself, whereas another provider stated that he was climbing on top of his tractor trailer, slipped forward, and then fell from a height of ten feet, catching his leg while going down, and landing onto his back, and striking his head on the concrete.

In either case, the records all state that he experienced immediate pain in his head, neck, shoulders and lower back, he reported the incident and was sent by his employer to their company doctor. They prescribed 3 weeks of physical therapy and then released him to a home exercise program. The records related that the home exercise program was exacerbating his condition, so he presented to a doctor or chiropractic on 7/5/06 to assume his continued care.

Item(s) and Date(s) in Dispute: Pre-authorization request for 12 (twelve) sessions of therapeutic exercises (97110), electrical stimulation, unattended (G0283), manual therapy techniques (97140), and ultrasound therapy (97035).

Decision: The decision of the carrier is *upheld* as the requested services are *denied*.

Rationale/Basis for Decision: In this case, the medical records submitted adequately documented that the patient sustained an injury to his cervical and lumbar spines, and that the claimant had participated in an extensive trial of conservative care.

Physical medicine is an accepted part of a rehabilitation program following an injury. However, for medical necessity to be established, there must be an expectation of recovery or improvement within a reasonable and generally predictable time period. In addition, the frequency, type and duration of services must be reasonable and consistent with the standards of the health care community. General expectations include: (A) As time

progresses, there should be an increase in the active regimen of care, a decrease in the passive regimen of care and a decline in the frequency of care. (B) Home care programs should be initiated near the beginning of care, include ongoing assessments of compliance and result in fading treatment frequency. (C) Patients should be formally assessed and re-assessed periodically to see if the patient is moving in a positive direction in order for the treatment to continue. (D) Supporting documentation for additional treatment must be furnished when exceptional factors or extenuating circumstances are present. (E) Evidence of objective functional improvement is essential to establish reasonableness and medical necessity of treatment. Expectation of improvement in a patient's condition should be established based on success of treatment. Continued treatment is expected to improve the patient's condition and initiate restoration of function. If treatment does not produce the expected positive results, it is not reasonable to continue that course of treatment.

But In this case, there was no documentation of objective or functional improvement in this patient's condition; instead, the treating doctor's daily notes repeatedly stated that the symptoms were "getting no better and no worse since the last treatment," and lacked any objective assessment of the patient's progress. In addition, there was no evidence of a change of treatment plan to justify additional treatment in the absence of any positive response to prior treatment. Therefore, since the previous epidural steroid injections, and the previous post-injection therapies were absent any objective (or, in this case, absent even any *subjective*) improvement, it is not reasonable to assume that "more of the same" will produce a different result. As such, the requested services are unsupported as medically necessary.

Treatment Guidelines/Screening Criteria: TCA Guidelines/Mercy Guidelines/Texas Labor Code