

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0732-01
Name of Patient:	
Name of URA/Payer:	Ace American Insurance
Name of Provider: (ER, Hospital, or Other Facility)	Dallas Spine Care
Name of Physician: (Treating or Requesting)	John Botefuhr, DC

February 8, 2007

An independent review of the above-referenced case has been completed by a doctor of chiropractic. 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.

February 8, 2007
Notice of Independent Review Determination
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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Dallas Spine Care
Robert J. Henderson, MD
John Botefuhr, DC
Division of Workers' Compensation

RE: _____

DOCUMENTS REVIEWED

Notification of IRO Assignment
Table of Disputed Services
Concentra Peer Review, Peter Garcia, MD
Concentra Peer Review, Mitchell Kurzner, MD
Chart Notes, Medical Reports, Robert Henderson, MD
Procedure Notes (ESI), Medical Reports, Bradley Eames, DO
Electrodiagnostic Reports, Johnathan Walker, MD
MRI Reports, Keila Garoutte, MD
Chiropractic Notes and Reports, John Botefuhr, DC
Designated Doctor Examination, Stephen Fowler, MD. PhD
Rehab Assessment Reports, Lieu Vuong, PhD
Progress Notes, Medical Reports, Xico Garcia, DO
Pain Management Reports, Miguel Bants, MD
Behavioral Medicine Reports, Claudia Ramirez, MA, LPC
Chart Notes, Medical Reports, Benzel MacMaster, MD
Therapy Reports, Robert Mayo, PT, Admerle Hall-Hoskins, DO
Misc. Therapy, Rehab and Testing Notes

CLINICAL HISTORY

Based on materials provided for review, it appears that this patient reports an injury to his lower back when his truck drove over a covered hole. The hole cover apparently gave way and the tire fell in the hole jerking the truck. He was seen initially at the Concentra Medical Center and given a diagnosis of lumbar strain. He underwent physical therapy and multiple medications. He later presented to a Dr. MacMaster who ordered an MRI. MRI findings suggest multilevel disc desiccation and advanced degenerative disc disease. Electrodiagnostic studies are found essentially normal. The patient continued physical therapy and medications with Dr. MacMaster until the patient transferred to the care of a chiropractor, Dr. Botefuhr. The patient underwent additional therapy with Dr. Botefuhr and was referred for multiple ESIs. The patient is seen by Dr. Henderson who recommends lumbar discography and other procedures. Dr. Botefuhr apparently requests the purchase of a Cybertech TLSo Back Support and recommends that patient undergo a work hardening program. The actual order from Dr. Botefuhr reads "Criss-Cross Lumbar Support."

RE: _____

REQUESTED SERVICE(S)

Medical Necessity & Appropriateness of Cybertech TLSo Back Support

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for this Cybertech TLSo device **is not supported** by available documentation. This item does not appear to be the "Criss-Cross Lumbar Support" ordered by treating doctor. In addition, there is little published literature supporting this type of brace for low back pain treatment or prevention. Also, available literature for this device (Cybertech TLSo) suggests that it is indicated primarily for thoracic stabilization.

Jellema, P. *Occupational Medicine, Vol. 52, No. 6, 2001:* Cochrane Musculoskeletal Group (CMSG) and the Cochrane Back Group of the international Cochrane Collaboration, the Institute of Musculoskeletal Health and Arthritis (IMHA): There is moderate evidence indicating that lumbar supports are not effective for primary prevention. No evidence was found on the effectiveness of lumbar supports for secondary prevention. The systematic review of therapeutic trials showed that there is limited evidence that lumbar supports are more effective than no treatment, whereas it is still unclear whether lumbar supports are more effective than other interventions for treatment of low back pain.

Cybertech Medical (www.cybertechmedical.com)

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials. No

RE: ____

clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

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.

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 8th day of February, 2007.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell