August 26, 2005

Re:	**MDR #:**	M2-05-2060-01	**Injured Employee:**
	TWCC#:		**DOI:**
	IRO Cert. #:	5055	**SS#:**

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
Brad Burdin, DC
Attention: Jessica
(210) 690-0399

RESPONDENT:
St. Paul Travelers
Attention: Peggy Herrera
(866) 382-6155

Dear Mr. ___:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 Secretary and General Counsel of Independent Review, 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to 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 physician who is a board licensed in chiropractic and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

FAX (512) 804-4011

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.

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 August 26, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

REVIEWER'S REPORT
M2-05-2060-01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
From Requestor:
- Office notes 12/21/00 – 06/17/05
- Nerve conduction study 03/01/04
- Radiology reports 12/29/00 - 04/18/05

From Respondent:
- Correspondence

From Psychologist:
- Office note 05/04/05

From Orthopedist:
- Office notes 12/09/02 – 04/07/05

From Spine Surgeon:
- Office note 12/09/04

From Pain Management Specialist:
- Office notes 08/12/04 – 11/01/04
- Operative notes 09/10/04 – 10/22/04

Clinical History:
Patient underwent physical medicine treatments, chronic pain management, NCV, diagnostic imaging and injections after sustaining injury at work on ___.

Disputed Services:
Cervical discogram.

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that a cervical discogram is not medically necessary in this case.

Rationale:
Several studies[1 2 3 4 5 6] have proven the effectiveness of spinal manipulation for patients with cervical spine symptoms and conditions. For that reason, it is perplexing to this reviewer why a doctor of chiropractic would recommend a discogram without documenting that a proper regimen[7] of spinal manipulation had first been attempted.

Current medical literature indicates that 50% of the patients with no low back symptoms that undergo a discogram will result in a false positive. The number of false positive results increased with patients displaying somatization disorders. (Carragee EJ, et al, Spine 2000 Jun 1;25(11):1373-80). Furthermore, the medical literature does not support the efficacy or objectivity of discograms. (See Carragee, et al., Spine, 1999 through 2001)

Moreover, it is highly unlikely that proposed discogram would yield any additional, relevant information from what the previously NCV and MRI had indicated. Therefore the proposed discogram is not supported and medically unnecessary.

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[1] 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.
[2] 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.
[3] Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G, Cervical overview group. Manipulation and Mobilisation for Mechanical Neck Disorders. Cochrane Database Syst Rev. 2004;1:CD004249.
[4] Koes, B, Bouter, L, et al. Randomised clinical trial of manipulative therapy and physiotherapy for persistent back and neck complaints: results of one year follow up. BMJ 1992;304:601-5.
[5] 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.
[6] Cassidy JD, Lopes AA, Yong-Hing K. The immediate effect of manipulation versus mobilization on pain and range of motion in the cervical spine: A randomized controlled trial. J Manipulative Physio Ther 1992;15:570-5.
[7] Haas M, Groupp 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.”