

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1625-01
Name of Patient:	
Name of URA/Payer:	SORM
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Steven Enabnit, DC
(Treating or Requesting)	

July 10, 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.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc:
Steven Enabnit, DC
Division of Workers' Compensation

DOCUMENTS REVIEWED

1. Correspondence, examination and treatment records from the provider
2. Carrier Reviews
3. Diagnostic imaging reports
4. EMG/NCV report
5. Chart notes from Robin Merket, M.D.
6. Report of Curtis E. Cook, D.C.
7. Operative reports of Mootha V. Rao, M.D.
8. Report of James Alexander Ghadially, M.C.
9. Reports of Son K. Nguyen, M.D.
10. Colonoscopy Procedure Report
11. FCEs
12. Physical Performance Evaluation
13. Report of Mark F. McDonnell, M.D.
14. Designated doctor report of Victor Kumar-Misir, M.D.
15. Designated doctor report of Robert E. Whitsell, M.D.

CLINICAL HISTORY

The claimant underwent EMG/NCV testing, diagnostic imaging, ESI, discogram and physical medicine treatments after sustaining injury at work on ____ when he was assaulted by an inmate.

REQUESTED SERVICE(S)

Preauthorization for 20 sessions of Spinal Decompression Therapy (S9090) over a 6-week period.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

While the carrier reviewers co-mingled spinal decompression therapy with traction, in actuality, they only gave a single guideline reference (Official Disabilities Guidelines) for denial. In fact, there is more than sufficient documentation supporting the medical necessity of the proposed treatment.

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One clinical study reported, "Eighty-six percent of ruptured intervertebral disc (RID) patients achieved 'good' (50-89% improvement) to 'excellent' (90-100% improvement) results with decompression. Sciatica and back pain were relieved." "Of the facet arthrosis patients, 75% obtained 'good' to 'excellent' results with decompression."¹ Another medical study reported, "Serial MRI of 20 patients treated with the decompression table shows in our study up to 90% reduction of subligamentous nucleus herniation in 10 of 14. Some rehydration occurs detected by T2 and proton density signal increase. Torn annulus repair is seen in all."² A third study reported, "Results showed that 86% of the 219 patients who completed the therapy reported immediate resolution of symptoms, while 84% remained pain-free 90 days post-treatment. Physical examination findings showed improvement in 92% of the 219 patients, and remained intact in 89% of these patients 90 days after treatment."³ Another clinical trial reported, "All but two of the patients in the study improved at least 30% or more in the first three weeks." "Utilizing the outcome measures, this form of decompression reduces symptoms and improves activities of daily living."⁴ And at least one SOAH decision⁵ has supported the medical necessity of spinal decompression therapy.

The carrier reviewers also referenced the Mayo case study and used it as a basis for denial due to the safety factor. In actuality, it was a report about a single adverse reaction out of the hundreds of thousands of spinal decompression treatments that have been performed throughout the years. In fact, the Mayo study⁶ concluded

¹ Shealy, Norman MD; Borgmeyer, Vera RN MA. Emerging Technologies: Preliminary Findings: Decompression, Reduction, and stabilization of the lumbar spine: A cost-effective treatment for lumbosacral pain. American Journal of Pain Management. 1997; 7(2).

² Eyerman, Edward MD. Simple pelvic traction gives inconsistent relief to herniated lumbar disc sufferers. Journal of Neuroimaging. Paper presented to the American Society of Neuroimaging, Orlando, Florida 2-26-98.

³ Gionis, Thomas MD; Groteke, Eric DC. Surgical Alternatives: Spinal Decompression. Orthopedic Technology Review. 2003; 6 (5).

⁴ Bruce Gundersen, DC; Michael Henrie, MS II, Josh Christensen, DC. A Clinical Trial on Non-Surgical Spinal Decompression Using Vertebral Axial Distraction Delivered by a Computerized Traction Device. The Academy of Chiropractic Orthopedists Quarterly Journal of ACO, June 2004

⁵ SOAH Docket No. 453-04-7288.M5, Kiest Park Medical V. Texas Mutual Insurance Co. (TWCC NO. M5-04-1212-01)

⁶ Clin. Proc. 2003;78:1554-1556

by stating, "A single complication does not mean that VAX-D [spinal decompression] is unsafe."

Based on those studies and the medical records in this case, the proposed spinal decompression therapy treatments fulfill statutory requirements⁷ for medical necessity since they offer this claimant a very good opportunity to obtain relief, promote recovery and enhance the employee's ability to return to employment.

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 Texas Labor Code 408.021

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 15th day of July 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell