

DATE OF REVIEW: 4/5/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Preauthorization for purchase of RS LSO.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a board certified orthopedic surgeon on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Dx Code</i>	<i>Service Being Denied</i>	<i>Type Review</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
722.10	LSO	prospective		N/A			Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 3/21/07
2. Determination Notices – 2/16/07, 3/9/07
3. Medical Prescription for Bracing – 1/30/07
4. Letter from MD – 2/19/07
5. Surgery Group Records and Correspondence – 6/29/06-3/9/07

6. ODG Treatment Integrated Treatment/Disability Duration Guidelines.
7. Direct Review Determination – 2/15/07, 3/9/07
8. Utilization Management Services Records and Correspondence – 9/28/06-3/9/07
9. Employer's First Report of Injury or Illness Report – 6/7/07
10. Physical Therapy Progress/Treatment Notes – 10/4/06-1/31/07
11. Required Medical Evaluation – 1/19/07
12. Epidural Steroid Injection Procedure Report – 10/2/06, 10/23/06, 12/4/06
13. Records and Correspondence – 8/25/06-11/28/06
14. Open MRI of Report – 6/19/06
15. Physicians' Contract Services Records and Correspondence – 9/13/06
16. MD Records and Correspondence – 6/9/06, 6/12/06
17. MD & Records and Correspondence – 6/23/88-8/12/06
18. Imaging Reports – 1/24/04

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury . Records indicated that while working as an electrician and checking voltages in the rod mill area in a crouched position, he straightened up and felt pain in his lower back. Diagnoses have included low back pain, lumbar disc herniation, lumbar radiculopathy, and lumbar spondylosis. Evaluation and treatment for this injury has included medication and muscle stimulation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This patient does not have any documented evidence of fracture or instability. There is no clinical indication for a lumbar brace as there is no instability reported in this case. The existing medical literature does not support the use of the LSO (lumbar brace) for low back pain from degenerative pathology. An article by Van Tulder is a meta-analysis of the literature and does not support the use of a lumbar brace for chronic back pain.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Van Tulder MW, et al. Outcome of non-invasive treatment modalities on back pain: an evidence-based review. Eur Spine J. 2006 Jan; 15 Suppl 1:S64-81.