



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 03/30/07

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include an RS-LSO spinal orthosis with system LOC bracing.

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

A Medical Doctor who is board certified in Physical Medicine and Rehabilitation reviewed this file. The reviewer has greater than 5 years of experience.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the carrier and Medical. Records were received after the review was completed on 3/30/07 from Medical despite multiple assurances from them that the records were being sent as early as 3/23/07. The records were post-marked on 3/27/07 and received on 3/30/07. They were not utilized in the decision making process.

Records from the carrier and medical were utilized in reviewing this case. The records from Medical included the following: MD office notes from 11/20/06 through 2/13/07 and Medical script for device.

Records from the carrier consisted of the following: RN letter of 3/16/07, D., MD impairment rating of 3/6/97, MD, office notes of 12/27/06 through 2/19/07, LVN letter to medical 2/1/07 and LVN letter to medical 3/2/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant was injured while lifting on the job . He underwent L2/3 and L4/5 laminectomy and discectomies on 9/2/04. Perioperatively he was managed for an incisional infection. He underwent multilevel laminectomies at L2/3 discectomy, L2/3, L4/5 left sided foraminotomies and facetectomies. At L3/4, L4/5 and L5/S1 he underwent laminotomies. All of this was on or about 9/23/04.

Based on radiographs dated 6/6/95 by the designated doctor, a subluxation of L4 on L5 and L3 on L4 was observed. On 8/11/05, he underwent removal of posterior elements of L2/3, L4/5 and facetectomy of L2/3, L4/5 and L5/S1 bilaterally followed by arthrodesis at L2/3, L4/5 to the sacrum and instrumentation at L2, L4 and sacrum. This was followed by wound infection management.

A wound infection was managed on 2/15/96 and pedicle screws were removed. Since then he has had chronic lumbar and leg pain. He is currently under the care of Dr. who is managing the patient medically, attempting to wean him from MS Contin and proposing an ESI. She documents a recent neurosurgical consult indicating no need for surgery. She proposes the requested lumbar orthosis.

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

There is no documentation to support lumbar/lumbosacral intervertebral instability. As Dr. documents that a neurosurgical consultation revealed no indication for surgery, one is to assume that there is no evidence of lumbar IV instability. Per her note of 2/13/07, the working diagnoses include lumbar radiculopathy (724.4), failed back syndrome (722.8) and Sacroilitis (720.2).

A diagnosis of failed back syndrome is supported by the documentation. Per the ODG, "there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back neck pain." Sacroilitis is suggested by Dr.'s documentation of 12/27/06 and the ODG's do not support the use of a lumbar orthosis to treat this condition.

As there is no evidence to support the use of lumbar orthosis for the diagnosis of failed post laminectomy syndrome and/or Sacroilitis, a lumbar orthosis is not supported based upon the documentation submitted, DWC guidelines or the ODG's.

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)