



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** December 22, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

L0637: post operative back brace with anterior and posterior control

**QUALIFICATIONS:**

MD, board certified orthopedic surgeon

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

TDI assignment

Adverse determination letters 11/09/07, 11/21/07

Denial letter 11/08/07 for L3-L4, L4-L5, L5-S1 anterior and posterior discectomy and fusion

MRIoA report 11/21/07, denial of request for surgery preauthorization request form for preauthorization

DO surgery posting form, office notes 8/23/07, 10/23/07

Radiology MRI lumbar spine, 3/8/07

Hospital lab reports

Office notes, DO, 10/18/07

Requestor records, DO 10/23/07

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This xx year old male has low back pain and right leg pain. On xx/xx/xx he was injured on the job, but the mechanism and circumstances surrounding injury are not document. There are minimal physical findings, none of which suggest compressive neuropathy. The MRI is suggestive of degenerative disc disease. A L3 – S1 three level anterior and posterior discectomy and fusion requested for preauthorization and a preauthorization for a LS brace. The surgery was denied and then the brace was denied.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The request for preauthorization surgical procedure has been denied. No reasonable indication for acquisition of a lumbosacral brace exists. Without indication for and medical necessity for lumbar fusion surgery, the acquisition of a post operative brace cannot be justified. The records do not indicate a need for the back brace, with the exception of the surgical intervention. As this patient has been found to not be a candidate for surgery by the URA and the dispute in this case does not involve surgery. Therefore, the reviewer finds the back brace medically unnecessary at this time due to the fact that surgery is apparently neither pending nor completed.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)