

RYCO MedReview

DATE OF REVIEW: 02/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Purchase of an RLSO spinal orthosis with system LOC bracing

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A Designated Doctor Evaluation with dated 12/16/03
An evaluation with dated 11/03/05
A patient information form from the claimant dated 03/15/06
A prescription from dated 12/06/06
A request for authorization from dated 12/08/06

Letters of non-authorization from dated 12/13/06, 01/03/07, 01/18/07, and 01/29/07

A preauthorization peer review form from dated 12/13/06

PATIENT CLINICAL HISTORY [SUMMARY]:

On 12/16/03, placed the claimant at Maximum Medical Improvement (MMI) with a 10% whole person impairment rating. On 11/03/05, referred the claimant for a surgical opinion. On 12/06/06, provided a prescription for an RS-LSO spinal orthosis. On 12/13/06 and 01/03/07, wrote letters of non-authorization for the spinal orthosis. On 01/18/07 and 01/29/07, wrote letters of non-authorization for a 10 day chronic pain management program due to the fact the claimant had completed 20 days already.

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

Bracing is neither reasonable nor necessary in the treatment of acute or chronic lower back pain. The appropriate treatment for this type of complaints is actually mobilization, rather than immobilization. An individual placed in an orthosis is likely to become weaker, stiffer, and have increased pain. Therefore, according to the criteria promulgated by the North American Spine Society in their Phase III Guidelines, I do not believe the purchase of a spinal orthosis is reasonable, necessary, or related to the original injury.

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)

North American Spine Society in their Phase III Guidelines