

DATE OF REVIEW: 2/19/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Prospective medical necessity of a lumbar LSO brace.

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

A Medical Doctor board certified in Anesthesia and Pain Management

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 the lumbar LSO brace.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records from the Doctor/Facility: notes; MRI left shoulder arthrogram, lumbar spine; Operative reports; notes

Records from the URA: review findings; letters; RS Medical request for authorization, prescription and product brochure; notes

Records from the Carrier: UR findings; First report of injury; notes; MRIs of lumbar spine and shoulder, chest xrays; notes; operative notes; physical therapy notes; notes; operative and anesthesia block notes; rehabilitation evaluation and progress reports; notes of; Functional Capacity Assessment; notes.

PATIENT CLINICAL HISTORY [SUMMARY]: This gentleman was injured on when he slipped and struck his left shoulder and lower back. He has had physical therapy, nerve blocks and several shoulder surgeries.

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

DECISION. There is no evidence of spinal instability in this patient's medical records which were provided by any of the parties. The use of an LSO brace in the treatment of chronic lower back pain is not supported in the literature of the ODG's or any other supported literature. The ODG states "not recommended for prevention. Under study for treatment. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." This patient is over four years post-injury and is not likely to benefit from the use of an LSO lumbar brace.

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)