

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.

DATE OF REVIEW: February 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase of RS-LSO Spinal Orthosis with system loc

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

Board Certified, Neurology; Diplomate, American Board of Pain Medicine

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- M.D., 09/22/06, 01/03/07, 01/16/07, 01/31/07
- 09/27/06, 11/28/06, 01/10/07
- Center, 08/01/06, 08/10/06, 08/23/06
- Center, 08/10/06
- D.O., 08/10/06
- D.O., 08/10/06
- , 08/21/06
- M.D., 09/06/06

Medical records from the Requestor include:

- M.D., 09/22/06, 01/03/07
- 11/28/06

PATIENT CLINICAL HISTORY:

The patient is a female who injured her back on, and developed severe low back pain with bilateral right greater than left posterior leg radiation to the foot worsened with physical therapy and with Ultram and Cyclobenzaprine. Neurological examination revealed positive straight leg raising bilaterally and a right foot drop.

MRI of the lumbar spine revealed a 2 mm disc bulge at L4-5, and a 3 mm central disc protrusion at L5-S1 abutting the thecal sac and right S1 nerve root.

There is a request for a RS-LSO spinal orthosis to reduce intracavitary pressure, and to reduce load on the intervertebral discs, and allow the patient to return to work.

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

ACOEM is nonspecific in regards to this request. The Official Disability Guidelines pertaining to lumbar braces state they are not recommended for prevention and are under study for treatment. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and low back pain (i.e. Jellema-Cochrane 2001), van Poppel, 1997), (Linton, 2001), (Assendelft-Cochrane, 2004), (van Poppel, 2004), Resnick, 2005).

Therefore, I agree with the denial of the Purchase of an RS-LSO Spinal Orthosis with system loc.

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)