

IRO REVIEWER REPORT

DATE OF REVIEW: 02/19/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denied purchase of RS-LSO spinal orthosis with system LOC bracing.

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

Texas License and currently on TDI DWC ADL
Board Certified in Physical Medicine & Rehabilitation
Board Certified in Pain Management
Board Certified in Anesthesiology.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 07/19/05 – Designated doctor report, Dr.
2. 12/05/06 – Chart notes, Dr.
3. 12/18/06 – 02/04/07 –denials.
4. 01/31/07 – TDI-IRO review request.

PATIENT CLINICAL HISTORY (SUMMARY):

A Designated Doctor Evaluation dated 07/12/06 from Dr. summarizes that this is a truck driver who was injured after driving a truck sitting in a deflated air seat which caused him to bounce up and down on a hard surface.

Imaging studies revealed wide spread degeneration, bulging, and facet arthrosis.

The employee has undergone facet injections, medications, and home electrical stimulator unit. The employee was diagnosed with aggravation of preexisting lumbar degenerative disc disease. The employee was proclaimed to be at Maximum Medical Improvement (MMI) with a 5% impairment rating.

Reports from Dr. on 12/05/06 indicated severe lumbar spine pain with lower extremity radiculopathy secondary to a broad-based disc bulge at L4-L5 and L5-S1, severe excruciating and intractable. The employee was referred for an LSO brace from RS Medical to reduce his pain.

There were no additional pertinent medical records provided for review.

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

The basis for this review is determined the request for the LSO spinal orthosis which was previously denied. The decision to deny is reasonable. The recommendation for a spinal corset was not supported in the medical records nor supported by spine treatment guidelines such as *Official Disability Guidelines*. Spinal orthotics are typically appropriate for disc or spine instability such as spondylolisthesis, not typically indicated for degenerative disc disease or chronic pain.

Therefore, there is no medical indication for a spinal orthotic with a bracing system for the employee's diagnosis as described.

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

Official Disability Guidelines