

## **IRO REVIEWER REPORT TEMPLATE -WC**

---

**DATE OF REVIEW: FEBRUARY 9, 2007**

**IRO CASE #:**

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

RS-LSO Spinal Orthosis with System Loc Bracing

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

MD, Board Certified in Neurology and Pain Management, Certified by the American Board of Psychiatry and Neurology.

**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**

- Notification of IRO assignment
- Information provided by requestor
- Notification of adverse determination by Dr.
- Information provided by Insurance Company

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The Patient sustained a work-related injury that resulted in ongoing low back pain. Office notes from by Dr. initially note and summarize that this Patient is status post a lumbar fusion surgery at L5/S1 but continues to experience low back/pelvic/groin pain. A facet joint injection apparently resulted in some temporary improvement. Sacroiliac joint did not result in any lasting improvement. The Patient subsequently underwent a lumbar discogram study

and was found to have concordant pain at the L4/L5 disc, which is the disc level just above the level of fusion. The resulting discogenic pain syndrome diagnosis was proposed to be treated with an IDET procedure, which was denied by the insurance company. Therefore, a request for a back brace was then submitted in order to “reduce pain and support weak spinal muscles.” The available records do not indicate any imaging studies that verify any instability at any level of the spine, including at the fusion levels.

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

The specific request for a back brace in this situation is unwarranted, in the Reviewers opinion. Even with the presumption that this Patient’s ongoing pain is discogenic in nature, the Reviewer is not aware of any evidence to suggest that a back brace would help this particular pain syndrome, especially since there is no abnormal motion or instability noted on imaging. In fact, the “weakened” spinal musculature may be further weakened by the use of a back brace. Therefore, the Reviewer does not believe that there is sufficient medical evidence to warrant this particular treatment modality, and do not feel that this will provide any lasting benefit to the Patient and may, indeed, be detrimental if used injudiciously.

**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)