

DATE OF REVIEW: 3/28/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Preauthorization for purchase of RS LSO (lumbar sacral orthosis) with system LOC bracing

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

This case was reviewed by a physician board certified in physical medicine and rehabilitation who is on the external review panel and who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>Service Being Denied</i>	<i>Billing Mod</i>	<i>Type Review</i>	<i>Units</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
724.2	L0631		prospective			N/A			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 3/15/07
2. Determination Notices – 2/15/07, 3/1/07, 3/20/07
3. Medical Prescription for Bracing – 2/7/07
4. Records and Correspondence from MD – 1/21/06-1/28/06
5. Records and Correspondence from MD – 2/5/07
6. Records and Correspondence from PA – 12/8/03
7. Letter – 3/20/07

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury. Records indicate that while climbing into a machine, he slipped and fell landing on his buttocks. Diagnoses have included lumbago, spondylosis, status post lumbar fusion and abnormality of gait. Evaluation and treatment for this injury has included surgery, therapy, medication, x-rays, CT scans, MRIs, and an EMG.

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

This case concerns an adult male with back pain. A physician and a nurse practitioner saw him. The records from these visits note physical therapy treatment, but no mention regarding the use of a lumbo-sacral (LS) brace as a treatment modality was reported. The patient has undergone bilateral L5-S1 fusion with radiological evidence of solid fusion. Use of LS support for weak spinal muscles and to restrict trunk mobility is not indicated. Use of exercises to strengthen spinal muscles and core stabilization exercises is indicated for treatment of the patient's condition. The use of a back brace may further weaken muscles. The literature does not support the efficacy of lumbar support braces to provide primary/secondary prevention of back pain.

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)**

VAN TULDER MW, ET AL. LUMBAR SUPPORTED FOR PREVENTION OF LOW-BACK PAIN. COCHRAN DATABASE OF SYSTEMIC REVIEWS. 1, 2007.