

IRO America Inc.

DATE OF REVIEW:
MARCH 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
RS-LSO spinal orthosis

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

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

Case Assignment
Carrier Correspondence
Medical Records from MD 11/29/06
Medical Records from MD 1/25/07 and 2/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:

I reviewed the records provided. There was a report of vocational injury to low back after slip and fall. An RLSO spinal orthosis was denied on 2/15/07 noting no neurologic deficit. It was not noted if he was doing a home exercise program or physical therapy at that time or other treatment to benefit his low back pain.

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

The medical records reviewed indicate that an MRI showed degenerative changes of the back with a small disc at L4-5 and a small to moderate disc at L5-S1 with some neuroforaminal stenosis. Medical records recommend an epidural steroid injection, medications, and a back brace. There is no documentation of a home exercise program or formal physical therapy for strengthening and stretching of the abdominal and low back musculature that should certainly be undertaken prior to recommending bracing. Nothing suggests that there is a structural abnormality to support that use of a brace would be medically necessary. Use of braces for pain remains somewhat controversial. Thus an RS-LSO spinal orthosis would not be considered reasonable or necessary.

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)

BRADDOM, PHYSICAL MEDICINE AND REHABILITATION, CHAPTER 17:
PP 361-362