DATE OF REVIEW: 03/05/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The purchase of an RS LSO spinal orthosis with system LOC bracing is under dispute.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
A Medical Doctor who is board certified in Physical Medicine and Rehabilitation with greater than 5 years of experience.

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)

The reviewer agrees with the previous adverse determination of this requested service.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the treating doctor, requestor and from the insurance carrier. The records consisted of the following: notes from from 2/5/04 through 2/1/07, operative report of 7/28/06, discharge summary of 7/28/06, letter 1/22/07, Notes, notes MD, radiological reports (X-ray, CT, MRI) of 11/14/05, Neurological notes, neurodiagnostic report 8/19/03, letter RN 2/23/07, letter LVN 1/12/07, letter LVN 2/9/07, operative note MD 12/4/02, anesthesia eval by MD 12/5/02, MD DDE report 7/30/03 and Medical script of 1/4/07.

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient was injured while throwing bags of tiles into a dumpster on. He underwent bilateral laminectomy at L3/4, L4/5, L5/S1 and S1/2, foraminotomies at L3, L4, L5, S1 and S2, L5/S1 discectomy and L5/S1 fusion with instrumentation. He was diagnosed with failed post laminectomy syndrome (722.8) and underwent spinal cord stimulator insertion. He is on several analgesic medications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. According to the ODG Guidelines, which the DWC acknowledges, "there is strong and consistent evidence that lumbar supports were not effective in preventing neck or back pain." There is no documentation of intervertebral instability; therefore, there is no evidence to support the usage of a lumbar orthosis for the diagnosis of failed post laminectomy syndrome.

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)**