# Parker Healthcare Management Organization, Inc.

**DATE OF REVIEW:** MARCH 23, 2007

**IRO CASE #:**

## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the proposed 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 THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

## REVIEW OUTCOME

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

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

| Primary Diagnosis | Service being Denied | Billing Modifier | Type of Review | Units | Date(s) of Service | Amount Billed | Date of Injury | DWC Claim# | IRO Decision |
|---|---|---|---|---|---|---|---|---|---|
| 724.2 | L0631 | | Prosp | 1 | | | | | upheld |
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## INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 67 pages of records received to include but not limited to: letters, 2.18.07, 2.20.07; Medical request for preauth; IRO request; Notes, Dr. 12.14.06,1.10.07; X-ray Lumbar, 5.29.01; EMG/NCV 6.17.02, 11.15.02; MRI Lumbar, 2.15.02, 7.26.05; Report, Dr. 10.23.02; DD report, 11.19.02

Requestor records- a total of 5 pages of records received to include but not limited to: Notice of IRO; Medical script; Notes, Dr. 1.10.07

## PATIENT CLINICAL HISTORY [SUMMARY]:

I reviewed the records regarding this patient dating back to the date of initial injury. These records indicated that the initial injury occurred on. The patient received MMI and the case was closed. Now, some 6 years later, the patient is having back pain in the lumbar spine with lower extremity radiculopathy, and a request is being made for this device.

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

First, there is no direct correlation with the patient's current complaints and her mechanism of injury and there is no reason to relate the current need for this device to her injury date. It is more likely than not that her ongoing pain is due to progression of the degenerative disc disease, which is a disease of life and not a direct result of the alleged work injury. Secondly, there is no indication of her mechanical back pain for LSO without evidence of spinal instability and there is no evidence of spinal instability in the records reviewed.

For these reasons, based on the standards of care and practice in the medical community and based on ODG guidelines, this brace is considered not medical necessity as a result of the work injury.

## 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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- XX 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)