

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** March 27, 2007

**IRO CASE #:**

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

Purchase of RS-LSO spinal orthosis with System LOC brace

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

Diplomate, American Board of Orthopaedic Surgery

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Requestor include:

- M.D., 01/26/07

Medical records from URA include:

- Inc., 03/16/07
- M.D., 01/26/07

Medical records from the Carrier include:

- 09/23/06, 10/27/06
- Physical Therapy 09/25/06, 09/26/06, 09/29/06, 10/02/06, 10/03/06, 10/04/06, 10/09/06, 10/10/06, 10/11/06, 10/16/06, 10/17/06, 10/18/06
- M.D., 09/26/06, 10/02/06
- M.D., 10/06/06, 10/12/06, 12/28/06, 01/30/07
- M.D., 10/19/06, 10/21/06, 10/27/06, 11/13/06, 11/29/06, 03/12/07
- M.D., 11/03/06
- M.D., 11/08/06
- M.D., 12/15/06
- M.D., 01/26/07
- 02/26/07, 03/02/07
- L.V.N., 02/23/07

**PATIENT CLINICAL HISTORY:**

The records indicate that the patient presented to the emergency room having fallen off of a lift gate onto the street. He was evaluated in the emergency room with x-rays including cervical spine, left hip, and pelvis, which were normal. CT scan of the head was read as normal as well. Initial diagnosis was left hip contusion, cervical strain, and headache.

Two days later, the patient presented for physical therapy. Range of motion was modestly diminished and physical therapy was instituted.

The next report is provided by M.D. This is from Clinic. The history is that the patient was walking backward when he missed a step falling off the lift deck and fell to the street. He immediately got up and went to the emergency room. Dr. does not provide a diagnosis but recommends light duty.

Physical therapy was continued.

Dr. subsequently notes continued complaints. The complaints expanded to include the shoulder. Physical examination of the shoulder was normal. When physical examination was attempted of the neck and lower back there was evidence of symptom magnification. There were no objective findings. There was a hematoma in the left flank, however.

Physical therapy continued.

The patient returned and this time was evaluated by M.D., on October 4, 2006. Contusion of left hip and cervical strain were again diagnosed. There was no evidence of back spasm. Range of motion of the lumbar spine was diminished.

Physical therapy continued.

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An exaggerated limp was noted on the October 11, 2006 office note. Because of persistent complaints of headache, a CT scan was recommended.

On follow up visit on October 27, 2006, the patient was again noted to have signs of symptom magnification with intentional voluntary movement. Dr. noted full range of motion of the lumbar spine. At that point, he provided the diagnosis of questionable cervical strain, left hip strain, lumbar strain, and headaches. The CT scan of the head was normal.

On November 3, 2006, Dr. noted inconsistent response to physical examination and noted a symmetric gait. Lumbar and hip MRI were recommended. Hip MRI was negative. Lumbar MRI disclosed no evidence of disc herniation or acute findings.

Because of continued complaints, M.D. recommended cervical MRI. There was no evidence of any acute or subacute injury.

By December 28, 2006, there was essentially a normal physical examination with no evidence of lumbar spasm and no signs of radiculopathy. The patient was referred to M.D. for consideration of pain management.

Dr. noted no neurologic deficits and noted only subjective findings. His description of his physical examination included "The pain is severe, excruciating, and intractable with radiation of pain."

Dr. subsequently recommended continued light duty.

On January 26, 2007, Dr. recommended Lortab, Skelaxin, and Relafen, as well as lumbar epidural injections, an medical stimulator, and an medical lumbosacral orthosis.

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

It is my opinion that the lumbosacral orthosis and medical muscle stimulator are not medically necessary. There is no objective evidence that any significant injury occurred in this case other than a mild soft tissue hematoma, which has resolved.

There is no medical evidence or any objective evidence of any significant lumbar or cervical injury and, therefore, the durable medical equipment does not appear to be medically 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)