

Clear Resolutions Inc.

DATE OF REVIEW:

MARCH 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

RS LSO with system LOC

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

UR reviews 02/27/03, 05/01/03, 02/10/06
Procedure note 08/10/06
Office note 08/11/06
Initial evaluation 08/22/06
Pain Management note 09/11/06, 12/08/06
Letter from Pain Management 10/04/06
Prescription 12/15/06
Non-Authorization notice 12/27/06, 01/05/07
Information from the Attorney 03/06/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The Patient reportedly suffered an injury to his low back in the past. By reports he has been through an extended course of conservative treatment including a combination of limited intervention procedures. They have included catheterization, epidural steroid injections and facet blocks. According to the

records provided, he has been through imaging studies which revealed physiologic disc bulging. There is reported evidence of some degree of stenosis at the L4-5 level. More recent physical examinations documented subjective complaints of back pain with some degree of lower extremity pain. Reportedly his examination revealed tenderness but did not reveal discrete neurocompressive lesion clinically.

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

My recommendations were made to consider an LSO back brace to manage his ongoing subjective complaints of back pain.

The request for the RS medical spinal orthosis in the Reviewer's opinion would not be reasonable or medically necessary under the circumstances. The Reviewer carefully reviewed the previous denial letters. I would be in agreement that the reviewed literature is lacking in terms of support for devices in this particular setting. As such, I would be in agreement with the previous denial of services under these circumstances as these braces are lacking well-controlled peer reviewed literature to support their efficacy in terms of pain control, better clinical outcome or restoration of functions.

Rothman and Simeone. The Spine Fifth Edition, Chapter 74, pg 1215

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)