Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: MAY 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed purchase of RS-LSO (L0631) and supplies

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 and supplies		Prosp						Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 PAGES

Respondent records- a total of 79 pages of records received to include but not limited to: Request for IRO; Letters, 6.26.06, 3.14.07, 4.9.07; Various DWC forms 73, 69; Notes, Dr. 6.1.06-2.1.07; Report, 5.26.06; Notes, Dr., 8.10.06; Notes, Dr., 8.18.06-2.20.07; HCFA, 12.19.06; Notes, Dr., 12.19.06; RME, 12.19.06

Requestor records- a total of 7 pages of records received to include but not limited to:
Notice of Assignment, 4.26.07; Notes, Dr., 2.20.07; RS medical prescription; Letter from Dr., 3.19.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The records indicate that the patient had a back injury that was work related dating back to the date of injury of xx/xx/xx. The patient was seen by Dr. for pain management on February 22, 2007 and was being treated for pain management. He was referred back to Dr., his primary care physician. The physical exam documents normal physical pale relationships neurologic exam of the upper and lower extremities with normal reflexes. There is evidence of SI joint dysfunction and positive findings of mechanical tests for SI joint abnormality. There is also noted disc abnormalities at L4-L5 and L5-S1, both of which are very minimal and evidence for lumbar set hypertrophy.

Orders by Dr. on 2.22.07, included hydrocodone, Neurontin, consider L5-S1 transfer with ESI and continue treatment with Dr. Consider SI joint injection. The patient will need to talk to a cardiologist about getting on Plavix. An RS stimulator was ordered. There is no evidence for any order of an RS LSO.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

There is no role for LSO brace for treating SI joint dysfunction. There is no role of an LSO brace for treating disc protrusions with neural impingement. There is no evidence of neural impingement in this patient. The only positive findings are that of SI joint dysfunction. Using ODG Guidelines as well as using orthopedic knowledge units, there is no indication for an LSO bracing of an individual with mechanical back pain and SI joint dysfunction. SI joint dysfunction would be treated with a different bracing system. There is no record or direct order for this system in the records reviewed. There is only a request for some form of stimulator. For these reasons, the denial is felt to be valid and consistent as not 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
- 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)