



## IMED, INC.

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### **IRO REVIEWER REPORT**

**DATE OF REVIEW:** 05/09/07

**IRO CASE NO.:**

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

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 THIS DECISION:**

Texas License and currently on TDI DWC ADL.  
Board Certified Anesthesiology & Pain Medicine

**REVIEW OUTCOME:**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. Records dated 01/04/07, 01/11/07, 03/06/07, & 03/21/07 by Dr.
2. 02/28/07 – RS Medical prescription for bracing.
3. 03/06/07 –Company.
4. 04/02/07 –Company.
5. 04/19/07 –Company.

**INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):**

The records begin on 01/04/07 by Dr. This report is a follow-up from a previous visit on 11/07/06. The employee was being followed for lower back pain radiating down to the right hip status post epidural injection. Dr. stated that approximately four days previously, the employee fell and was experiencing severe pain involving the lower back, right hip, and right groin requiring an emergency room visit.

Follow-up reports indicate MRI studies revealed degenerative disc disease and disc material on the right lateral recess. Review of the past MRI did not appear to have any of these changes. The impression was low back pain and radicular referred pain. The employee was prescribed

Lorcet, Flexeril, Lyrica, and was referred for an EMG and bracing. The employee was also referred for an EMG and myelogram. The employee was also referred for LSO orthotic.

There were no additional records available other than non-authorization reports.

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

The use of a lumbar orthotic is not supported by *Official Disability Guidelines* or *Spine Treatment Guidelines*. Such bracing is typically indicated for evidence of instability such as spondylolisthesis or appropriate status post back fusion. The use of an orthotic at this time would only immobilize the employee's lumbar spine which would promote disuse atrophy and deconditioning. Such efforts are not appropriate for acute radiculopathy and degenerative disc disease.

Based upon review of the records and spine treatment guidelines, it is my opinion that LSO immobilization orthotics and bracing is not appropriate for acute management of radiculopathy.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- A. *Official Disability Guidelines*
- B. *Spine Treatment Guidelines*