



IMED, INC.

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IRO REVIEWER REPORT

DATE OF REVIEW: 05/30/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Purchase of an LSO bracing unit.

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 Neurosurgeon

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. Medical records, Dr.
2. Medical records, Dr.
3. MRI of the lumbar spine dated 01/27/99.
4. Medical records, Dr.
5. Independent Medical Evaluation report dated 03/29/99.
6. Medical records, Dr.
7. Medical records, Dr.
8. Medical records, Dr.
9. Medical records, Dr.
10. Procedure reports.
11. Operative report dated 10/04/99.
12. Functional Capacity Evaluation dated 01/25/02.
13. Medical records, Dr.
14. Medical records, Dr.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee he sustained an injury to his low back as a result of moving cotton with a pitchfork.

The employee has subsequently undergone extensive conservative care and operative intervention, and he is now reported to have failed back syndrome. The records indicate that the employee routinely undergoes multiple pain management interventions and has been recommended to be provided an LSO brace.

The employee's most recent physical examination was dated 02/28/07. At that time, he was noted to have diffuse tenderness to palpation over the lumbar spine. He had pain with all movements. Deep tendon reflexes were equal and symmetric. There were no neurological deficits noted. Dr. opined that the employee should receive an LSO brace to provide support and limit motion in the affected are in an effort to prevent further injury.

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

The request for a lumbosacral orthosis is not considered medically necessary. The employee was noted to have continued low back pain despite operative intervention and was diagnosed with a failed back syndrome. The employee has multiple complaints and is largely treated with pain management interventions and oral medications. Current evidence based guidelines note that there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. It is further noted that a recent study by Kincaid clearly indicates lumbar supports do not prevent low back pain.

References:

Official Disability Guidelines, 11th Edition, The Work Loss Data Institute. Accessed: 05/30/07.

Lumbar Supports – Not recommended for prevention. Under study for treatment. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP (Kinkade, 2007)

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