



**REVIEWER'S REPORT**

**DATE OF REVIEW:** 05/01/07

**IRO CASE #:**

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

LSO spinal orthosis

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. I have reviewed notes from treating doctor (TD), specifically pertaining to the management of the injured employee's back complaints. He has treated with lumbar epidural steroid injections as recently as 03/29/07. He also performed a right L5 epidural steroid injection on 03/14/07.
2. The claimant was diagnosed with right sacroiliitis as well as right lumbosacral radiculopathy on 02/15/07. She had a CT scan of the lumbar spine on 02/05/07 showing epidural fibrosis with a 5-mm subluxation of L5 on S1. There was also poor incorporation of the bony mass from her prior fusion at the L4/L5 and L5/S1 levels.
3. X-rays on 01/30/07 showed 11-mm forward slippage of L5 on S1.
4. I reviewed a pre-discogram on a report of 08/21/02 showing concordant pain at L4/L5 and L5/S1.

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

The injured employee is a female who was performing her job duties when she wrenched her lower back with increased back pain. The pain had previously been quieted down following the successful L4/L5 and L5/S1 fusion in 2003. She has had epidural steroid

injections. She has residual pathology as identified on the CT scan report of 02/05/07 pertaining to the lumbar spine.

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

The medical literature is quite clear about long-term strategies to mitigate low back pain status post fusion and does not include brace. The concept of wearing a brace to compensate for weak muscles is counterintuitive. The actual treatment is to strengthen the muscles, not to brace them, which will only cause further weakening. It is my opinion that putting a rigid brace on this injured employee's back with her past history of fusion at L4/L5 and L5/S1 and in light of her recent imaging study results is not supported.

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

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)