

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 24, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Purchase of a sleep number bed

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

MD, Board Certified in Physical Medicine and Rehabilitation

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

1. denial dated 2/21/08, 3/17/08
2. Letter from the claimant, [3/10/08, 2/8/08, 5/18/07]
3. Spinal Clinic, MD correspondence [5/24/96 - 3/26/08] Script [5/18/07]
4. Peer Review [8/21/07]
5. Sleep Number literature
6. ODG not included.

PATIENT CLINICAL HISTORY [SUMMARY]:

On past medical history, Ms. was injured on xx/xx/xx, working for, sustained low back injury while lifting heavy file boxes, was seen in the emergency room at Hospital, had physical therapy, and received conservative measures till 1993. She continued to have exacerbations of pain off and on, was seen in the emergency room multiple times over the next several years to 1996. Dr. evaluated her, had worsening pain and recommended MRI in 1997. MRI revealed L4 to S1 lumbar herniated disc. Radicular symptoms were noted to be increasing. She received lumbar ESI from Dr. with only one to two days relief. She had a microendoscopic left L5-S1 hemilaminectomy and medial facetectomy with S1 neuroforaminotomy on 11/27/02. Post-operative films revealed evidence of degenerative disc disease. This is all documented in the peer review of 8/21/07 at. There is a letter dated 3/10/08, discussing denial from the claimant. The letter was reviewed 6/4/07, prepared by Dr., indicating the need for an orthopedic mattress in which she has had significant results using since 1991. Also his office notes from 12/5/07, indicating L5-S1 HNP and possible new onset L4-L5 HNP. Also records from 3/26/08, from Dr. office were reviewed. He recommended conservative measures and no surgical procedure at that time. Also 12/26/07 records were reviewed and a host of records from his office have been provided chronicling his care of her for many years.

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

There is no indication per the ODG guidelines for any specific durable medical equipment such as orthopedic mattress for back pain or post-laminectomy syndrome nor does the literature in large show consistent evidence-based medicine answers to what benefit a specific mattress would have for specific patient's spinal disorder.

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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)