

Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 04/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

DME in excess of \$500, LSO back brace.

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

M.D., Board Certified Orthopedic Surgeon

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)

Upon independent review the reviewer finds that the requested DME in excess of \$500.00, LSO back brace is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination Letters, 03/24/08, 04/03/08
2. ODG Guidelines and Treatment Guidelines
3. Request for Pre-Authorization for Surgery 03/18/08
4. Pre-Surgical Behavioral Medicine Consultation 12/21/07
5. Chart Notes 03/14/08, 11/19/07, 03/09/07
6. Discogram Notes 03/07/08
7. Operative Report 03/07/08

8. CT Discogram 03/07/08
9. MRI Scan Lumbar 11/06/07
10. Request for Nerve Root Blocks 02/19/07
11. Pre-Authorization Request for Individual Psychotherapy 03/21/08
12. Insurance Verification Form 12/18
13. Request for Behavioral Health Treatment 03/21/08
14. Peer Review Notes 03/21/08, 03/17/08, 03/11/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old male employed as a xxx for xxxx for about six years when he sustained an injury to his lumbar spine on xx/xx/xx. He was apparently placing a 55-gallon barrel of liquid on a pallet jack. He felt immediate pain in his back. He eventually went to the emergency room and saw an orthopedic surgeon. He has had epidural injections which gave him temporary relief. He has been through a work hardening program. He has had an EMG/nerve conduction study. He has had an MRI scan, and a discogram for a discrepancy CT. He has had behavioral health evaluations. Requests have been made for further individual psychotherapy. He has multi-level disc disease with a herniated extruded disc at L4/5 noted on his MRI scan. There is an intention for a lumbar fusion and discectomy at L4/5 with instrumentation and posterior lumbar vertebral body implants. This current request is for a lumbosacral orthosis back brace.

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

There is no indication of instability noted in the medical records, but rather, a diagnosis of stenosis and herniated nucleus pulposus. The lumbosacral orthosis back brace is unnecessary. This is further confirmed by the ODG Treatment and Disability Guidelines. For this reason, the previous adverse determination is upheld.

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)