

P&S Network, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: February 18, 2008

IRO CASE #:

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

This case was reviewed by a Pain Management doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

RSLSO

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o September 24, 2007 through December 13, 2007 utilization review records
- o March 13, 2006 through January 28, 2008 chart notes and work status reports from Occupational Medicine
- o June 29, 2007 lumbar MRI report by M.D.
- o August 23, 2007 EMG/NCS report from Neurodiagnostic Associates, Inc.
- o August 21, 2007 prescription
- o November 21, 2007 narrative report and billing records by M.D., Ph.D.
- o August 17, 2007 through November 9, 2007 the chart notes, billing records, and functional capacity evaluation report from Care & Rehabilitation Center

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient sustained an industrial injury involving the lumbar spine. The patient reported that the he was setting up some rocks in a landscaping architectural plan, when he lifted a large rock and developed pain in the back and right lower extremity. The patient has been treated with physical therapy and oral medications. A request for a lumbosacral orthosis was non-certified on December 4, 2007. The report notes that the patient complains of low back pain worse in the sacrum area with tingling and numbness into the right lower extremity. The report quotes the Official Disability Guidelines which state that lumbar supports are not recommended for prevention and are under study for treatment of nonspecific low back pain. The guidelines recommend supports as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment.

The request was again reviewed on December 13, 2007 and another non-certification was rendered. The reviewer commented that back braces have limited peer review support. The report states that the Official Disability Guidelines, ACOEM guidelines,

and Cochrane database state that there is limited support beyond the acute phase of symptom relief.

The patient underwent a lumbar spine MRI on June 29, 2007 with an impression of intervertebral disc degeneration with mild bulge and superimposed broad right posterolateral/lateral protrusion at L4-5 seen. There was more prominent left lateral bulging and spondylosis noted. There was moderate mass effect on the right L5 nerve root sleeve in the subarticular lateral recess on the right.

An electrodiagnostic study was completed on August 23, 2007 with no electrophysiological evidence of lumbar radiculopathy, lumbosacral plexopathy, or distal mononeuropathy in the lower extremities.

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

According to the Official Disability Guidelines, lumbar supports are not recommended for prevention. They are under study for the treatment of nonspecific low back pain. The supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain.

The medical records fail to document that the patient has a compression fracture, spondylolisthesis, instability, or is post-operative. Thus, the patient is not a candidate for such durable medical equipment based on the Official Disability Guidelines. My recommendation is to uphold the previous determination to non-certify the request for an RLSO.

The IRO's decision is consistent with the following guidelines:

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

Official Disability Guidelines:

Lumbar supports:

Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative 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) Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. (Roelofs, 2007) Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration, and patients with chronic pain beyond 2 months may be candidates for vertebral body augmentation, ie, vertebroplasty. (Kim, 2006) See also Back brace, post operative (fusion).