

Applied Assessments LLC

An Independent Review Organization

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Notice of Independent Review Decision-**Amended**

June 16, 2008

Amended June 23, 2008

DATE OF REVIEW: 06/15/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

DME- Cybertech TLSO 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- Cybertech TLSO Brace is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letter 4/24/08, 5/8/08
ODG Guidelines and Treatment Guidelines
Request for Pre-Authorization for Surgery 11/6/07
Authorization After reconsideration Notice 12/13/07
MD Chart Notes 4/28/08, 11/5/07, 10/8/07, 1/15/08, 11/7/07, 3/8/07, 3/5/07, 2/13/07, 10/16/06, 9/22/06, 8/30/06, 8/7/06
Health and Behavioral Assessment 11/4/07
Discogram 11/2/07
Caudal Epidural Steroid Block 9/24/07
MRI's 9/17/07, 2/27/07, 1/6/07
Designated Doctor Evaluation-Honaker, MD 6/25/07
Report of Medical Evaluation 6/25/07
MD 5/9/07
DO Procedure 5/14/07, Pre-Injection Visit 5/14/07, Follow-Up Consultation 4/30/06
MMI/IR 2/28/07
DC 4/5/07, 4/23/08
PhD 3/20/07
Interdisciplinary Program Team Conference 3/20/07, 2/6/07, 2/20/07, 1/30/07, 1/9/07
Laminectomy and Discectomy 8/29/06
Comprehensive Re-Examination 11/2/06
MR_Lumbar Spine 9/2/05
Electrodiagnostic studies 12/6/05
Letter 5/30/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker is a female who underwent partial laminectomies at L4/L5 with discectomies but no fusion on 08/29/06. She has back pain with current radiculopathy with lumbar decompression at L4/L5. She apparently was injured while moving a sofa at work in xxxx. She continues to complain of low back pain and some lower extremity pain. She has had epidural steroids as well as a caudal epidural steroid. She had an MRI scan documenting post surgical change. There is discography, which shows positive concordant reproduction at L2/L3, L3/L4, L4/L5, and L5/S1. The current request is for medical equipment, namely a Cybertech TLSO Brace to be used in conjunction with a requested surgery.

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

Upon independent review of the provided medical records and ODG Guidelines, the reviewer finds that the requested DME- Cybertech TLSO Brace is not medically necessary.

The ODG Guidelines and supporting literature do not recommend the use of lumbosacral corsets. There is no evidence that the lumbosacral corset will immobilize the lumbosacral junction. In fact, the contrary is in fact the case. Without a hip spica extension, increased stresses are placed through the lumbosacral junction. Use of

braces have some benefit for the patient's proprioception, but a custom TLSO is not medically appropriate when an elastic back support can accomplish the same.

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)