



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 05/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase of a TLSO brace.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient

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. Forensic Associate forms
2. TDI referral forms
3. Letter, 04/24/09
4. Denial letters, 03/23/09 and 04/14/09
5. Multiple clinical notes
6. Myelogram operative report, 02/20/09
7. CT lumbar myelogram, 02/20/09
8. Operative report, 12/12/08
9. Myelogram CT lumbar, nondiagnostic
10. MRI scan of the lumbar spine, 11/07/08
11. Epidural steroid injection, 10/24/08
12. Operative report, L4/L5 and L5/S1 laminectomy, decompression, and discectomies, 05/20/08
13. Discharge summary, 05/21/08
14. Cervical myelogram, 04/25/08, and thoracic myelogram, CT scan, of cervical and lumbar spines

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male with a date of injury of xx-xx-xx. He apparently was the driver of a vehicle that was overturned. He has extensive cervical, thoracic, and lumbar degenerative disc disease and spondylosis. He has positive findings including radicular-like pain, weakness and decreased sensation. He walks in a forward-flexed position. He suffers lumbar muscular tightness and loss of lumbar lordosis. He underwent an extensive surgical procedure on 05/20/08 including laminectomy, decompression and discectomies at L4/L5 and L5/S1. He was not treated in a postoperative brace after that surgery. Currently the patient has been prescribed a TLSO back brace, which the request for such has been denied, reconsidered, and denied.

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

This patient has findings strongly suggestive of a failed back syndrome. He has loss of lumbar lordosis and walks in a forward-flexed position, suggesting lumbar spinal paravertebral muscle spasm. Though braces are not usually prescribed for symptomatic relief for mechanical low back pain, this patient probably would benefit from the application of a TLSO to assist in his restoration of normal ambulatory position. Bracing is recommended after lumbar surgery, and this patient was not treated specifically with such at the time of his surgery. However, he would likely benefit from such at this time.

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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- 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.)