

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 11/9/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase of new truck seat

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in TX.

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)

Purchase of new truck seat Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile cover sheet by dated 10/20/2009
2. Notice to DBA of case assignment by dated 10/20/2009
3. Letter by dated 10/19/2009
4. Confirmation of receipt of a request for a review by an independent review organization (IRO) by dated 10/19/2009
5. Letter by Utilization review department dated 9/17/2009
6. Letter of reconsideration /appeal of adverse determination by Utilization review department dated 9/16/2009
7. Texas department of insurance IRO request form by author unknown dated unknown
8. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male injured on xx/xx/xx. The injured employee reportedly had surgery; an MRI has shown multilevel degenerative disc disease with some foraminal narrowing, but no significant root or dural sac compression. On 10/5/09 a report by Dr. notes the injured employee has used a custom truck seat since returning to work following injury.

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

The injured employee is a male injured on xx/xx/xx. On 10/5/09 a report by Dr. notes the injured employee has used a custom truck seat since returning to work following injury. With time the truck seat no longer was able to absorb the shock of the road, and he had a recurrence of back pain going into his left leg. The injured employee was injured in xxxx while lifting a trailer door, suffering a herniated disk. The injured employee underwent surgery after failure of conservative care. The injured employee has returned to work as a xxxx. The injured employee reports pain and some discomfort with numbness in his left leg. He is on Lyrica for neuritis. He had a severe episode of incapacitating pain in April 2009. He reports doing better now but with continued discomfort in his low back and some in his left leg pain score 6-7/10. An MRI in April 2009 shows multilevel degenerative disc disease.

The medical necessity rationale in the note dated 10/5/09 is not supported by peer reviewed medical literature. There is a paucity of medical evidence to support the medical necessity/effectiveness of a custom truck seat for patients with chronic low back pain and reducing the symptoms of chronic low back pain. ODG does not address custom seating and chronic low back pain. Given the lack of medical evidence the request for purchase of a new truck seat cannot be considered medically necessary for this patient's condition. Recommendation is to uphold the prior denials of a custom truck seat.

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)

van Duijvenbode IC, Jellema P, van Poppel MN, van Tulder MW. Lumbar supports for prevention and treatment of low back pain. Cochrane Database Syst Rev. 2008 Apr 16; (2):CD001823.

Roelofs PD, Bierma-Zeinstra SM, van Poppel MN, Jellema P, Willemsen SP, van Tulder MW, van Mechelen W, Koes BW. Lumbar supports to prevent recurrent low back pain among home care workers: a randomized trial. Ann Intern Med. 2007 Nov 20; 147(10):685-92.