Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
RS-LSO Brace

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
FOL 8/28/09
Denial Letters 6/30/09 and 7/24/09
Dr. 10/17/08 thru 2/19/09
Dr. 6/9/08
Peer Reviews 7/14/08 and 6/12/09
RS Medical 6/23/09
Dr. 6/18/09
Dr. 1/8/09 thru 7/9/09
Dr. and Dr. 3/17/08
CT 3/28/08

PATIENT CLINICAL HISTORY SUMMARY
This is a xx year old reportedly injured while doing heavy labor with a fall onto his back on xx/xx/xx. He has ongoing cervical and lumbar pain. My comments are limited to the lumbar

region. He had a prior lumbar laminectomy and discectomy 18 years earlier. He had a CT scan 5 days post fall that showed disc bulges, minimal stenosis and bilateral neuroforaminal stensosis. There was a repeat study with a CT myelogram that showed no evidence of any nerve compression. The EMG did not show any radiculopathy. He failed to get relief with epidural injections. He is on opiates for his pain. There are conflicting impressions of Dr. and Dr. . Dr. performed a DD examine, Dr. an RME, Dr. an IME and Dr. the Peer Review. Although there are some differences of opinions, no neurological loss was described. An RS LSO was requested. The medical necessity of this device is the purpose of this review.

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

This man has back pain after the fall, and failed to improve with any treatment. One reviewer discussed the lumbar support as a DME. The RS LSO is not the traditional lumbar support. The RS LSO is a form fitting support that serves as the electrode device for the application of interferrential current. The ODG did not find it beneficial in the treatment of back pain. It did state it can be considered for a trial when nothing else, including pain medications, worked. That is this case. It then would approve a month trial. The request here was indefinite use with a low back conductive garment. The ODG does not approve a jacket, the low back LSO, until the device has proven effective for at least a month.

This request exceeds the ODG guides in a inconclusively effective device, for purchase and not rental, and therefore its use is not justified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)