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Notice of Independent Review Decision

DATE OF REVIEW: 07/29/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: DME lumbar brace

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

Texas Licensed Chiropractor

Diplomate of the American Board of Quality Assurance & Utilization Review Physicians

Diplomate of the American Academy of Pain Management

Certified by the American Academy of Disability Evaluating Physicians

Fellow of the American Back Society

MD Physician in Training, Resident Year 3

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Chiropractic notes, 05/13/10 through 06/23/10
2. At least two preauthorization requests dated 06/04/10 and 06/28/10 for a lumbosacral orthosis
3. Treatment recommendations from **Official Disability Guidelines** regarding lumbar support braces and chiropractic manipulation
4. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This employee apparently sustained an occupational injury on xx/xx/xx. It was suggested the employee was lifting some form of large tarp when he sustained an injury to the lumbar spine.

Notes go onto suggest the employee was seen immediately at a local emergency room where he was provided analgesic pain relief after undergoing a CT scan. Apparently the CT scan revealed degenerative disc disease with spondylosis and some secondary spinal stenosis, but no evidence of acute or traumatic structural pathology of the osseous structures or soft tissues.

The employee however was referred to a local orthopedic surgeon and did follow-up with this visit sometime in March, 2010. The orthopedic surgeon apparently found no need for surgical intervention.

Some two months later, the employee entered the office of a chiropractor in Florida. The initial chiropractic evaluation was performed on 05/13/10. Cervical, thoracic, and lumbar spine pain was noted. The employee also had an apparent 74% on the Oswestry Disability Questionnaire.

Chiropractic Care ensued and it included mainly passive modalities with the initiation of therapeutic exercises sometime in early June, 2010.

Sometime around 06/04/10, the employee underwent a reevaluation and had little change in subjective complaints. In fact, the subjective complaints actually worsened when compared to the initial visit. Furthermore, the employee's Oswestry Questionnaire regarding his activities of daily living also worsened. The employee was recommended to undergo ongoing chiropractic treatments, along with a lumbosacral orthosis, which was billed as CPT Code L0626. This is defined as a lumbar orthosis with sagittal control with rigid posterior panels and a posterior, which extends from L1 to below the L5 vertebra.

A preauthorization request was provided to the Insurance Company and this was initially denied.

An appeal was apparently provided on 06/28/10, which was also denied.

The chiropractor apparently wished to appeal the decisions of the preauthorization chiropractor, and therefore, an Independent Review Organization request has been received.

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

The CPT code utilized for this DME coincides with a lumbosacral orthosis. This is a hard rigid paneled device with sagittal control, rigid posterior panels, and a posterior which extends from L1 to the L5 vertebra. These forms of hard lumbar orthosis are utilized postoperatively or with evidence of some form of fracture of the vertebral body or vertebral structures.

This employee was injured two months prior to ever even initiating care with the chiropractor. Absolutely no objective benefit has been documented and the employee's subjective complaints have apparently worsened since conservative management has been attempted. The employee has also been seen by an orthopedic surgeon and he is not a surgical candidate.

The **Official Disability Guidelines** lump all lumbar supports under one recommendation. This includes hard and soft types of supports. The **Official Disability Guidelines** state "lumbar supports are not recommended for prevention and they are understudy for treatment of nonspecific low back pain". They are only recommended as an option for compression fractures and specific treatment of spondylolisthesis or documented instability, or postoperative treatment. This employee has no evidence of compression fracture, no evidence of spondylolisthesis, no documented instability, and he is not

postoperative. This employee does not have evidence documented in these records that he would benefit from the use of any type of hard lumbosacral orthosis.

In summary, the recommended durable medical equipment for a lumbar brace not deemed medically necessary.

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

1. Official Disability Guidelines