



**Notice of Independent Review Decision  
IRO REVIEWER REPORT – WC (Non-Network)**

**DATE OF REVIEW:** 07/21/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Purchase For Low Back 40” Grand Dive Hyperbaric Chamber with Oxygen Concentrator as Requested by Dr.

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

Board Certified in Physical Medicine and Rehabilitation

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Purchase For Low Back 40” Grand Dive Hyperbaric Chamber with Oxygen Concentrator as Requested by Dr. - UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Follow Up, M.D., 10/12/09, 12/07/09, 03/08/10
- Radiology Report, Dr., 10/12/09, 12/07/09, 03/08/10
- Impairment Rating, M.D., 03/26/10
- Script for Orders, Dr., 06/02/10
- Denial Letter, Fund, 06/08/10, 06/21/10
- Prospective Review Response, Fund, 07/01/10
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The records available for review indicate the patient was involved in an altercation on the date of injury, and the patient fell backwards. The patient’s past medical history was notable for the fact that he underwent a cervical spine fusion from the C4 to C6 level in 2000. After the date of injury on xx/xx/xx, he did undergo a lumbar disc replacement surgery to the L4-L5 and L5-S1 levels in August 2008. It was also noted that he underwent cervical spine surgery to the C6-C7 level. A disc

replacement procedure was performed at that level per the records available for review. Official operative reports were not available for review.

It was documented that the claimant was placed at a level of Maximum Medical Improvement on 03/26/10 by Dr.. On that date, he was awarded a total body impairment of 19% with respect to the cervical spine and lumbar spine.

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

The records available for review document that the patient has a history of difficulty with cervical pain and low back pain. The records available for review diagnose that the patient is a participant in gainful employment, and it is noted that with respect to prescription medications, the claimant utilizes Cymbalta and Lyrica to assist with management of pain symptoms. The records available for review do not provide any documentation to indicate there is a concern with respect to wound healing. Records do not provide any documentation to support a medical necessity for purchase of the above requested piece of durable medical equipment. Official Disability Guidelines do not provide any supporting criteria for the requested durable medical equipment. There is no documentation to indicate that the requested piece of durable medical equipment would significantly enhance an individual's functional capabilities for the described medical situation.

Thus, per criteria set forth by the above-noted reference, there is no screening criteria per Official Disability Guidelines that would support a medical necessity for the requested piece of durable medical equipment.

**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)