

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (361) 226-1976
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

#L0464 TLSO Brace

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

M.D., Board Certified Neurological Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Utilization review determination dated 10/17/11, 10/27/11

Office visit note dated 10/06/11, 08/04/11, 04/28/11, 04/06/11, 02/10/11, 01/06/11, 10/18/10

Electrodiagnostic evaluation dated 11/10/10

Operative report dated 04/06/11, 02/08/11

Lumbar myelogram dated 02/08/11

CT evaluation dated 02/08/11

MRI lumbar spine dated 08/17/11, 02/25/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who was injured on xx/xx/xx when he bent over lifting metal sheets and while lifting he felt a pop and sudden sharp pain in his lower back. Office visit note dated 01/06/11 indicates that the patient has undergone physical therapy, chiropractic care and epidural steroid injection, which did not help. The patient underwent right L4-5 laminectomy with decompression of right L4 and L5 nerve roots with opening of lateral recesses and foraminotomies as well as excision of right L4-5 disc extrusion on 04/06/11. Follow up note dated 04/28/11 indicates that the patient no longer has any radicular leg pain. MRI of the lumbar spine dated 08/17/11 revealed mild to moderate congenital spinal canal stenosis at L3-4 with mild broad based bulging of the disc causing mild encroachment upon the anterior aspect dural sac and neural foramina. At L4-5 postoperative change is noted secondary to right laminectomy. Broad based disc bulging is noted causing mild to moderate encroachment upon the anterior aspect dural sac and neural foramina. At L5-S1 there is mild central bulging of the disc noted causing mild encroachment upon the central aspect anterior portion of the dural sac. Neural foramina are maintained. Degenerative changes are present involving the facet joints. Follow up note dated 10/06/11 indicates that the patient presents with very severe lumbar pain and bilateral radiating hip and leg pain, worse on the right. He

has significant weakness of right foot and great toe dorsiflexion. Straight leg raising is positive on the right at 30 degrees and on the left at 45 degrees. Posterior L4-5 decompression, fusion and instrumentation has been recommended.

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

Posterior L4-5 decompression, fusion and instrumentation has been recommended; however, there is no indication that the patient has received authorization for surgical intervention. The Official Disability Guidelines do not support TLSO brace for prevention or treatment of nonspecific low back pain. The reviewer finds the requested #L0464 TLSO Brace is not medically necessary.

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

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)