

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 22, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar Sacral Orthosis (LSO, L0637)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2	L0637		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-22 pages

Respondent records- a total of 86 pages of records received to include but not limited to:
Request for an IRO forms; PHMO Notice of an IRO; letters 11.15.10, 9.29.10; M.D. records 9.23.10, 10.29.09; HFCA 1500 forms for dates 8.12.09-11.9.09; Imaging report 8.12.09; MRI Lft

Shoulder 10.26.09; MRI Lumbar 10.26.09; Chiropractic Clinic records 9.16.09; report by M.D. 8.14.09; report by M.D. 8.14.09; Premier Medical group records 10.15.09; Chiropractic notes 11.9.09; Report, Dr. 2.24.10; letter 9.28.10; ODG guidelines low back

Requestor records- a total of 25 pages of records received to include but not limited to: PHMO Notice of an IRO; M.D. records 9.23.10, 10.29.09 Imaging report 8.12.09; Chiropractic Clinic records 10.22.09, 8.10.09, 9.16.09; report by M.D. 8.14.09 report by M.D. 8.14.09;

PATIENT CLINICAL HISTORY [SUMMARY]:

CLINICAL HISTORY: Mrs. is a lady who had a work incident occur on xx/xx/xx. Per the designated report from Dr., she had fallen down the steps, missing on the third step. She had struck her back against an iron door. She was initially evaluated apparently at. No records from were available. She was then seen on 09/06/2009 per the records forwarded at Chiropractic Clinic and she was to continue total disability. Per Dr. notes, she was seen there starting on August 10, 2009 and continued there through 10/05/2009. She had therapy performed at that facility.

On 08/12/2009, Dr. performed x-rays of the lumbar spine with flexion/extension and reported 5 mm of retrolisthesis of L5 and S1 but no change on flexion/extension views. On 9/28/2009, Dr. assessed her electrodiagnostic study. On 10/26/2009, Dr. read the MRI of the lumbar spine to show mild degenerative changes with disc protrusion of 3-4, 4-5, and 5-1. The patient was seen by Dr. on 10/29/2009. He noted at that time that there was a negative straight leg raise and a normal neurological exam.

On 11/09/2009, the patient was placed at maximal medical improvement by Dr. with a 5% impairment rating. Of interest, there was no tenderness noted of the lumbar spine.

The patient's records include URA denials from Dr. as well as Dr. for the use of a lumbosacral orthosis. On 10/23/2010, Dr. noted the BMI to be 37.59. There was no neurological deficit noted and no instability reported. There was a prescription for the use of lumbosacral orthosis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RECOMMENDATION. The basis for this denial is that the ODG Guidelines do not support the utilization of this type DME without noted instability or fracture. It can also be utilized in a postoperative situation, which she is not. Moreover, the patient's deconditioning would make any type of brace wear much more difficult. Therefore, the decision is to uphold the denial of the lumbosacral orthosis as it does not meet the criteria for medical necessity.

REFERENCES: ODG TWC Guidelines.

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

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES