

# US Decisions Inc.

An Independent Review Organization

9600 Great Hills Trail, Ste 150 W

Austin, TX 78759

Phone: (512) 782-4560

Fax: (207) 470-1085

Email: manager@us-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

DonJoy Chairback LSO

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

M.D., Board Certified Orthopedic Surgeon and Board Certified Spine 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 and Treatment Guidelines

Adverse Determination Letters, 12/22/10, 1/27/10

Clinic 12/20/10 to 1/25/11

Clinic 12/13/10 to 12/16/10

Clinic 1/4/11

MRI 11/24/10 to 12/15/10

Clinic 12/13/10

M.D. 10/28/10

M.D. 12/2/10

PATIENT CLINICAL HISTORY SUMMARY

This is a claimant who sustained a below elbow arm amputation and also has low back pain radiating to the legs. He is with a date of injury of X/XX/XX. He apparently has problem with straight leg raising. He has had epidural steroid injections. The request is for a lumbar chair back with anterior panel for treatment of his back pain complaints.

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

The reviewer finds there is not a medical necessity for DonJoy Chairback LSO. Based on the medical records, there is no evidence of any instability or criterion from the ODG Guidelines which would support the use of a brace such as spondylolisthesis, instability, or postoperative treatment. There is evidence in the literature that, in fact, the lumbosacral braces without unilateral spica extensions place increased stress on the lumbosacral junction rather than relieve it. Based on the guidelines, the reviewer is unable to overturn the previous adverse determination. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)