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Notice of Independent Review Decision

DATE OF REVIEW: 10/07/11

IRO CASE #:

Description of the Service or Services In Dispute
Tempurpedic Bed

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Neurological Surgery

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)
X Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTH CARE SERVICES IN DISPUTE.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. The appeal note by Dr. 9/16/2011
2. "Whom it may concern letter" by Dr. 4/12/2010
3. Denial letters: 9/07/2011, 8/30/2011;
4. Clinical notes from Institute
5. A functional capacity evaluation report on 2/25/2008, PT
6. A lumbar MRI report of 10/11/2006
7. Op reports for a lumbar medial branch block on 9/9/2011 & 5/18/2011 and facet blocks on 4/2/2010 and 12/20/2007
8. Op reports, 9/9/2011- 12/20/2007 and op report regarding medial branch rhizotomy by Dr. on 6/26/2007.
9. ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:
This case involves a male who was injured on xx/xx/xxxx. The exact nature of that injury is not supplied in the material that I reviewed. Back pain developed, worse on the left side, and a lumbar MRI on 10/11/2006 showed significant changes at the L3-4 & L4-5 levels, but there was nothing surgically correctable thought present. The patient's examination at that time, showed nothing in the way of reflex, sensory, or motor deficit, but the general features of lumbar disc disease with subsequent chronic changes causing pain, were present. The patient had various injections, starting with medial branch rhizotomy on the left side on 6/26/2007, which was only transiently helpful. Facet blocks in 2007 and 2010 were also transiently successful. As were the medial branch blocks of 9/9/2011 and 5/18/2010.

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

Reports in April 2010, and August 2011 indicate that the patient has used a Tempurpedic mattress that came from an unknown source and this was helpful in relieving his discomfort. The patient is being considered for additional blocks and if the bed that he describes would help in maintaining the effects of those blocks, it would be very beneficial, and would in fact save time and money "in the long run". Other orthopedic firm mattresses have been tried without help. There are various Tempurpedic beds available. One similar to the one that was helpful for him is the one that should be prescribed by the prescribing doctor. I disagree with the denial of this bed.

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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**