

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right long brace

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

M.D., Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

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
Request for IRO 12/13/11
Utilization review determination 11/21/11
Utilization review determination 12/12/11
Clinical records Dr. 03/18/11 through 11/11/11
Progress reports Chronic Pain Institute 10/07/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained work related injuries on xx/xx/xx. He has low back pain radiating into the right lower extremity. Current medications include Coldic Abilify, Hydrocodone 7.5 750 and Pristiq. MRI is reported to show a large herniated disc at L5-S1. He is noted to have decreased sensation in the right L5-S1 with absent ankle jerk and a straight leg positive straight leg raise at 40 degrees. The patient is under the care of Dr.. Conservative treatments include include medications, physical therapy, and epidural blocks. The claimant was recommended to undergo lumbar laminectomy discectomy and lumbar foraminotomy at L5-S1. Records suggest that the claimant underwent surgical intervention on 06/01/11. However the record does not include the operative report. Post-operatively the claimant was referred for therapy, which apparently provided some improvement. He developed recurrent right leg pain on 09/30/11. He was losing motor function in his right leg and used a cane to walk with both sides however this is not quantified. On 10/21/11 it is stated that he had gotten approval for a brace and he drags his right leg. However motor functions are reported to be normal, sensation is normal and reflexes are equal and symmetrical. The request is for a right leg long brace.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

This claimant has a history of low back pain with radiation to the right lower extremity. The records do not provide detailed clinical information. It is suggested that the claimant underwent a L5-S2 microdiscectomy on 06/01/11. However this is not clearly delineated in the available record. Post-operatively the claimant is reported to have continued low back pain with right lower extremity weakness. Clinical note dated 07/29/11 reports that the claimant is neurologically doing better but has a foot drop from pre-op and motor function is normal. This is a contradictory statement. When seen on 09/30/11 it's reported that he complains of right leg pain that is the same before surgery. He has difficulty walking. He's losing motor function in his right leg and using a cane to ambulate with both sides. It was recommended he utilize a brace. A subsequent note reports that he was approved for a brace and that he drags his right leg. It was later reported that the brace helps with walking and he would like a brace for his upper knee or hip.

There are no overt findings on physical examination. The clinical notes continually report that the claimant has intact motor strength yet there are reports of a foot drop, which would not be consistent. In addition, there is no indication that the claimant has any abnormality involving the knee or the hip that would require supportive bracing. It is therefore the opinion of the reviewer that there is no medical necessity established for right long brace. 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)