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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/09/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: durable medical equipment (DME) purchase of post-operative: opsite band, primapore band, sterile gauze, tape, tote bag, hot/cold pack, walker, commode, LSO lumbar brace, external bone growth stimulator and fitting

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Neurological Surgery

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for durable medical equipment (DME) purchase of post-operative: opsite band, primapore band, sterile gauze, tape, tote bag, hot/cold pack, walker, commode, LSO lumbar brace, external bone growth stimulator and fitting is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical note 01/04/13 and 01/18/13

X-rays cervical spine 01/18/13

Clinical note 01/21/13

Clinical note 01/30/13

Clinical note 02/05/13

Clinical note 02/12/13

Clinical note 04/09/13

Clinical note 04/25/13

Clinical note 05/13/13

Clinical note 05/29/13

Clinical note 06/19/13

Procedure note 04/25/13

MRI lumbar spine 06/12/13

CT myelogram lumbar spine 07/02/13

Psychological evaluation 07/16/13

Clinical note 07/22/13

Clinical note 08/05/13

Previous utilization review 07/31/13

Adverse determinations 07/31/13 and 08/13/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his low back. Clinical note dated 01/04/13 detailed the patient complaining of low back pain. The patient previously underwent fusion at L2-3 and pseudoarthrosis repair at L3-4 in 2011. The patient rated his low back pain as 6-8/10. Clinical note dated 01/18/13 detailed the patient having moderate spasms at L5-S1. The patient had positive straight leg raise on the right at 45 degrees and on the left at 80 degrees. X-rays of the lumbar spine revealed a status post L2-3 fusion with pseudoarthrosis repair. Clinical note dated 02/05/13 detailed the patient showing venous engorgement at the left lobe. The patient had positive Holman sign on the left with negative findings on the right. Tenderness to palpation was noted at the calf on the left. Clinical note dated 02/12/13 detailed the patient continuing with moderate spasms in the lower lumbar spine.

Clinical note dated 04/09/13 detailed the patient utilizing hydrocodone and Cymbalta for ongoing pain relief. Range of motion deficits continued throughout the low back. Procedure note dated 04/25/13 detailed the patient undergoing four trigger point injections throughout the low back. Clinical note dated 05/14/13 detailed the patient rating his low back pain as 9/10. The patient had positive straight leg raise bilaterally at 40 degrees. Clinical note dated 05/29/13 detailed the patient undergoing venous Doppler studies revealing negative findings. The patient demonstrated 30 degrees of lumbar flexion and 5 degrees of extension. No strength deficits were noted in the lower extremities. MRI of the lumbar spine dated 06/12/13 revealed severe spinal stenosis with severe bilateral recess narrowing at L1-2. Clinical note dated 06/19/13 detailed the patient demonstrating 4+/5 strength at the iliopsoas, quadriceps, and plantar dorsiflexors. CT myelogram dated 07/02/13 revealed previous L2 through S1 fusion. Left sided paracentral disc herniation involving L1-2 resulted in mild stenosis. Psychological evaluation dated 07/16/13 detailed the patient having no contraindications in place from a psychological perspective. The patient had a current smoking habit of two cigarettes per day. Clinical note dated 07/22/13 detailed the patient rating his low back pain as 8/10. Strength deficits continued throughout the lower extremities. Range of motion deficits continued as well. The patient was specifically recommended for L1-2 decompression and fusion with the implantation of new hardware at L1-2 as well. Clinical note dated 08/05/13 detailed the patient continuing with no significant changes in symptomology. Previous utilization review dated 07/31/13 for an L1-2 fusion and decompression resulted in a denial secondary to the request for the surgical intervention was denied. Previous utilization review dated 08/13/13 for the durable post-operative durable medical equipment resulted in denial as the surgery was previously denied as well.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Clinical documentation submitted for review notes the patient complaining of ongoing low back pain with associated strength deficits in the lower extremities. However, no certification was submitted confirming surgical intervention in the lumbar spine. Therefore, the request for durable post-operative durable medical equipment including opsite band, primapore band, sterile gauze, tape, tote bag, hot and cold pack, walker, commode, LSO brace, external bone growth stimulator, and fitting is rendered non-certified. Medical necessity for post-operative care has not been established given that the operative procedure resulted in a denial. As such it is the opinion of this reviewer that the request for durable medical equipment (DME) purchase of post-operative: opsite band, primapore band, sterile gauze, tape, tote bag, hot/cold pack, walker, commode, LSO lumbar brace, external bone growth stimulator and fitting is not recommended as 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)