

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

July 14, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar off the shelf lumbar back brace

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

Board Certified Orthopedic 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who presented with ongoing low back complaints. DA designated doctor evaluation dated xxxxx indicated the patient stated the initial injury occurred resulting in low back injury. The patient underwent four weeks of physical therapy, massage therapy, TENS unit, and other pain modalities. The patient rated the pain 6/10. Pain radiated into the lower extremities. Clinical note dated 10/29/12 indicated the patient continuing with 8/10 pain. Strength was 4/5 at left anterior tibialis and EHL. Procedure note dated 04/04/13 indicated the patient undergoing epidural steroid injection in the lumbar spine. CT myelogram of the lumbar spine dated 07/24/13 revealed disc protrusion at L1-2. Disc desiccation was identified with minimal retrolisthesis of L5 on S1. Disc bulges were also identified at L4-5 with a slight compression of L4 nerve root. Clinical note dated 08/21/13 indicated the patient continuing with low back pain. The patient stated she had been better able to complete her activities of daily living. Clinical note dated 09/23/13 indicated the patient continuing with low back pain radiating into the left lower extremity. Numbness and tingling were identified with sharp shooting stabbing throbbing sensation. Clinical note dated 03/31/14 indicated the patient being recommended for anterior and posterior fusion L4-5 L5-S1. Operative report dated 05/16/14 indicated the patient undergoing discectomy and fusion at L4-5 and L5-S1.

The Utilization Review dated 06/17/14 revealed resulted in a denial for a lumbar back brace as no compelling circumstances were identified of ongoing instability.

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

The request for a lumbar back brace, off the shelf model is certified. Clinical documentation indicates the patient undergoing L4-5 and L5-S1 fusion. Lumbar back brace is indicated for post-operative care in order to provide the patient with increase in stability and to speed the recovery process following a fusion. Given the patient undergoing fusion and discectomy at L4-5 and L5-S1 the use of a back brace is indicated for this patient at this time. Therefore, this request is reasonable. As such, the request for off the shelf lumbar back brace is recommended as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES