

**An Independent Review Organization**

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**Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Neurosurgery

**Description of the service or services in dispute:**

1 purchase of conductive garment

**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)

**Patient Clinical History (Summary)**

The patient is a male whose date of injury is xx/xx/xx. The patient injured the low back secondary to lifting. Treatment to date includes epidural steroid injection on 11/20/13, physical therapy, and medication management. Designated doctor evaluation dated 07/08/14 indicates that diagnosis is sprain of lumbar. The patient was determined not to have reached maximum medical improvement. The patient underwent lumbar microdiscectomy, laminectomy, foraminotomy and partial facetectomy at L4-5 on 09/17/14. Follow up note dated 11/10/14 indicates that the patient continues to relate near complete resolution of his preoperative symptomatology. The patient denies leg pain. On physical examination lumbar range of motion is decreased in forward flexion secondary to muscle spasms. Motor strength is 5/5 throughout. Deep tendon reflexes are 2+ throughout and symmetrical. Straight leg raising is negative. Sensation is intact. The patient was recommended to initiate a postoperative rehabilitation program.

Initial request for purchase of conductive garment was non-certified on 09/15/14 noting that there was no clear indication from the submitted reports that the surgery has been authorized. TENS unit was recommended to be utilized postoperatively. A conductive garment is reserved for large areas or skin disfigurement that prevents pad placement. The proposed surgery is not expected to result in a large area greater than the lumbar spine and there is not documented skin disfigurement at this time. The denial was upheld on appeal dated 09/22/14 noting that no additional information was provided to address the issues raised by the previous denial.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The patient underwent lumbar microdiscectomy, laminectomy, foraminotomy and partial facetectomy at L4-5 on 09/17/14 and was recommended to utilize a TENS unit in the postoperative period. There is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. There is no indication that the TENS is to be utilized over a large area or that there is skin disfigurement as required by the Official Disability Guidelines to support a conductive garment. There is no clear rationale provided to support the request at this time. As such, it is the opinion of the reviewer that the request for 1 purchase of conductive garment 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 and Environmental Medicine um knowledgebase
- AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)