

MDR Tracking Number: M2-03-1147-01  
IRO Certification# 5259

June 25, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

#### CLINICAL HISTORY

This is a gentleman who sustained a lumbar injury on \_\_\_\_. Multiple disc degenerative changes were noted. Epidural steroid injections were attempted, as was a pain management program. There was temporary relief from the injections indicating a less traumatic and more degenerative process as the pain generator. After completing a pain management program, the claimant was only using some of the techniques taught. Based on the November 5, 2002 note, the lessons of the PMP were not apparently taken to heart by the claimant. Part of the treatment plan included a request for an Orthofix Vest. This was denied by a pre-authorization reviewer.

#### REQUESTED SERVICE (S)

Request purchase of a Orthotrac Pneumatic Vest.

#### DECISION

Denial upheld-Endorsement of the pre-authorization determination

#### RATIONALE/BASIS FOR DECISION

The standard that has to be applied is, is this a reasonable and necessary item? An exclusion of this item would be for investigational or other modalities that are

not the prevailing standard of care. There are no peer reviewed published studies that have demonstrated the efficacy of this device.

A literature and internet search noted several articles based primarily on anecdotal evidence. This search also noted a number of states that have declared this an investigational device not to be reimbursed. With respect to the reasonableness of care, the science is simply not there to support the use of this device. Noting that the majority of the problem appears to come from degenerative changes, the treatment does not appear to be for the injury sustained, rather the ordinary disease of life. Therefore, for all of the above, the purchase of this device is not reasonable and necessary.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 26<sup>th</sup> day of June 2004.