

# ZRC MEDICAL RESOLUTIONS

SENT TO: Texas Department of Insurance  
Health & Workers' Compensation Network Certification & QA  
Division (HWCN) MC 103-5A  
Via Fax: 512.804.4868

RS Medical  
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02/12/07

RE: IRO Case #: M2.07.0684.01  
Name: \_\_\_\_\_  
Coverage Type: Workers' Compensation Health Care - Non- network  
Type of Review:  
     Preauthorization  
     Concurrent Review  
     Retrospective Review  
Prevailing Party:  
     Requestor  
     Carrier

ZRC Medical Resolutions, Inc. (ZRC) has been certified, IRO Certificate #5340, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to ZRC for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

ZRC has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, ZRC reviewed the medical records and documentation provided to ZRC by involved parties.

This case was reviewed by an M.D., Certified by the American Board of Physical Medicine and Rehabilitation along with Disability Management with over 30 years of

patient practice in the specialty of Physical Medicine and Rehabilitation. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of ZRC, I certify that:

1. there is no known conflict between the reviewer, ZRC and/or any officer/employee of ZRC with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on 02/09/07.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

A stylized handwritten signature consisting of the lowercase letters 'j' and 'c' in a bold, black font.

Jeff Cunningham, D.C.  
President/CEO



**REVIEWER'S REPORT**  
**M2 07 0684 01**

**DATE OF REVIEW:** 02/12/07

**IRO CASE #:** M2-07-0684-01

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Purchase of an RS-LSO Spinal Orthosis with System LOC Bracing.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Certified by the American Board of Physical Medicine and Rehabilitation along with Disability Management with over 30 years of patient practice in the specialty of Physical Medicine and Rehabilitation.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Included for this review as requested are carrier's letter to provider dated 11/30/06 indicating non-certification of appeal for purchase of RS-LSO brace based on medical rationale that the patient has subjective pain and muscle tenderness but otherwise normal neurological examination. The requested brace has no support in scientific medical literature.
2. Review organization's response dated 11/17/06 indicating the clinical basis and screening criteria for the adverse determination of certification of purchase of RS-LSO brace.
3. Requestor's records to include the following: 09/25/06, follow-up examination report by treating doctor, indicating the onset of pain as 08/01/06. The patient was being treated for low back pain. It was noted that while performing his normal duties, he reported injury and pain in his lower back. Prescription for bracing dated 11/08/06

for purpose of reducing pain and increasing function. No other requestor's records are provided.

4. Carrier records submitted include the following: 01/25/07, summary of carrier's responses indicating the history of injury \_\_\_\_, denial of preauthorization request for purchase of RS-LSO brace on 11/17/06 due to lack of scientific support for lumbar brace used in low back care and prophylactic use not recommended, and the preauthorization request for reconsideration of denial 11/30/06 indicating the patient had subjective pain and muscle tenderness but otherwise a normal neurological examination. The requested brace has no support in scientific medical literature. It was noted that it was of unproven benefit from an evidence-based perspective. It is noted that Dr. Wolcott agreed that there was no scientific evidence to support the benefits of the RS-LSO brace; medical follow-up with treating doctor on 08/08/06.
5. Preauthorization review company 11/17/06 noting recommended denial of brace purchase.
6. Report of lumbar spine MRI scan dated 11/21/06 with findings of degenerative disc disease at L5/S1 with findings of degenerative disc disease at L5/S1 with right lateral disc protrusion with accompanying encroachment of the neural foramen on the right as well as mild degenerative disc disease at L4/L5 with no other focal disc protrusion or spinal stenosis and no other signal abnormalities.
7. Notification of requestor on 11/30/06 from carrier concerning non-certification of preauthorization request for purchase of the LSO brace.
8. Letter dated 12/12/06 to Dr. Wolcott concerning examination and second opinion with ultimate recommendation that the patient, secondary to episodes of urinary incontinence, be referred to a urologist for evaluation, and also that he wanted to order an EMG/nerve conduction study of his lower extremities and flexion/extension lumbar spine x-rays.
9. Follow-up note dated 12/21/06 by treating doctor indicating that he would refer the patient to for chronic pain program.
10. X-ray report dated 08/04/06 of the lumbar spine showing no evidence of fracture, subluxation, or premature degenerative change.
11. Prescription from treating doctor dated 08/08/06 for physical medicine services.
12. Follow-up report dated 08/08/06, treating doctor.
13. Physical therapy records dated 08/15/06 reflecting a plan of care.
14. Follow-up with treating doctor dated 08/22/06 noted patient to continue medication and physical therapy with a low back stabilization program, and that he could be released to return to light duty work with 5 pounds maximum lift.
15. Follow-up report dated 09/14/06 with treating doctor indicating continuation of medication, lacks improvement in symptom report, plan to order lumbar spine MRI scan, plan to start therapy, and continued restrictions on return to work.
16. Prescription dated 09/19/06 for 12 physical therapy treatment sessions.
17. Lumbar MRI scan dated 09/21/06 indicating the L4/L5 level with a moderate right central posterior disc herniation and the L5/S1 demonstrating a moderate right-sided posterior disc herniation.
18. Follow-up report dated 09/25/06 with treating doctor noting continuation of medication and resumption of therapy for low back stabilization. The patient was to be scheduled for electro diagnostic studies to rule out radiculopathy.

19. Report of EMG study dated 10/01/06 by treating doctor noting normal findings for all motor and sensory responses with needle EMG examination showing normal motor unit potentials. The conclusion was a normal study with no indication of any radiculopathy. Based on the normal EMG, he was not considered to be a surgical candidate and would be referred for pain management.
20. Follow-up with treating doctor on 11/09/06 indicated continuation of current medications, to continue seeing Dr. Qubty, and referral to Dr. Telfeian. Note concerning ordering a brace to aid in spine stability to allow him to be more mobile while attending therapy and in hopes of returning to work.
21. Prescription from treating doctor dated 12/18/06 for a single tip cane.
22. Follow-up examination (date not legible) with treating doctor with recommendation to discontinue Lortab and change to Talwin, continue other medications the same, and refer the patient for chronic pain program.
23. Prescription dated 12/22/06 by treating doctor for LSO back brace.
24. Prescription dated 12/30/06 from treating doctor for additional physical therapy.
25. Referral dated 01/12/07 from treating doctor for 6 chronic pain treatment sessions.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This man reportedly was injured at work while in the process of performing a normal work activity of transferring a patient. He developed pain in the lower back with some radiation into the lower extremities. He has undergone a considerable amount of appropriate medical care under the direction of his treating doctor, including medication, physical therapy, pain management referral, MRI studies, and EMG findings showing no indication of any radiculopathy. The most recent medical records indicate the patient being referred for a multidisciplinary chronic pain management program.

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

The request for the purchase of an RS-LSO Spinal Orthosis with System LOC Bracing has been denied preauthorization based on the lack of any reported spine instability findings on clinical examinations and the contraindication of the use of immobilization at the same point in time when his treating doctor was attempting to treat the patient with spine stabilization exercises to strengthen the affected lumbar musculature. The decision was based on accepted evidence-based medical standards as noted within the records that were reviewed.

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

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)