

# **MATUTECH, INC.**

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**DATE OF REVIEW:** AUGUST 13, 2007

**IRO CASE #:**

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

Cybertech TLSO back brace

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

BOARD CERTIFIED ORTHOPAEDIC SURGEON

## **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned            (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

The Insurance:

Office visits (07/08/04 – 06/27/07)  
Radiodiagnosics (05/03/04 – 02/21/07)  
Utilization reviews (06/27/07 – 07/12/07)

MD:

Office visits (07/08/04 – 06/27/07)  
Radiodiagnosics (05/03/04 - 02/21/07)

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a male who injured his lower back on xx/xx/xx. He was standing on a ladder and pulling on a box that ripped resulting in him almost losing his balance. The right side of his body flailed away from the ladder and he felt a popping sensation and pain in his lower back. Magnetic resonance imaging (MRI) study revealed: (a) Minimal posterior disc bulge at L3-L4; (b) broad-based posterior

disc bulge at L4-L5 with small postero-central to left paracentral disc protrusion, mild spinal stenosis, minimal-to-mild left and minimal right neuroforaminal narrowing; and (c) mild posterior disc bulge at L5-S1 with a small posterior disc protrusion with minimal bilateral neuroforaminal narrowing. M.D., evaluated the patient for continuing low back pain radiating down the lower extremities. Electromyography/nerve conduction velocity (EMG/NCV) studies showed a chronic bilateral L5 radiculopathy.

In 2007, M.D., noted that the patient had about a year of active physical therapy (PT) followed by three weeks of a work hardening program (WHP). In addition, in 2004, the patient had received a left psoas injection as well as bilateral facet joint blocks at L4-L5 and L5-S1. A discogram-computerized tomography (CT) of the lumbar spine revealed: (a) Grade V anterior tear at L3-L4 with nonconcordant pain; (b) grade III-IV fissure at L4-L5 with concordant pain; and (c) grade V tear at L5-S1 with concordant pain. X-rays revealed distinct foraminal narrowing at L5-S1 with disc space narrowing at L5-S1 and possibly at L4-L5. Dr. diagnosed chronic lumbar syndrome, rule out chronic symptomatic discogenic pain. Repeat MRI indicated: (a) Mild levoscoliosis; (b) a disc bulge at L3-L4; (c) stenosis of the spinal canal, thecal sac, and subarticular recesses at L4-L5 due to a disc bulge with superimposed posterior disc herniation resulting in impingement of the thecal sac and the proximal L5 nerve roots bilaterally; and (d) a mild spondylitic disc bulge at L5-S1. Dr. felt the patient was a candidate for surgery and recommended a lumbar discogram, which was eventually denied. In June, Dr. requested anterior lumbar discectomy with fusion (ACDF) from L3-L4 through L5-S1 and a Cyterbech thoracolumbar sacral orthosis (TLSO) back brace.

On June 27, 2007, the surgery and the TLSO brace were denied for the following reason: *The proposed surgical procedure and durable medical equipment (DME) were not medically necessary. Discogram was positive at multiple levels and there was no control level. There was an indication that the patient might have a nonphysiologic-type exam. There was no documentation that a psychological evaluation was completed. A recent peer review physician opined that the patient would not be a good candidate for any intensive surgical procedure.* Following this, a psychological assessment was performed in which no signs of depression were noted. No findings that would impact or interfere with surgical procedure and outcome were noted. It was felt that the patient would be likely to comply with treatment if he was given clear and complete instructions.

On July 12, 2007, an appeal for the denial was upheld. The rationale provided was: *The proposed surgical procedure was not recommended as medically necessary. This was an injury that occurred over three years ago. The patient had had extensive treatment to date with MRI showing multilevel disc bulges. Discography was reported as positive at all levels tested. The patient was noted to possibly have a nonphysiologic-type exam with some degree of symptom magnification. Given the current clinical data, the proposed surgical procedure was not warranted. There was little, if any, reasonable expectation of successful outcome of a three-level lumbar fusion.*

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

*After fully reviewing the attached physical and radiographic evaluations, I feel that spinal fusion of the levels described by Dr., as well as a post-operative TLSO brace are warranted in the treatment of Mr. However, I would also recommend repeat discograms with a control level to further delineate the necessary levels of fusion prior to surgical intervention. Mr. has failed extensive conservative measures with radiographic as well as provocative (discogram) tests reproducing his symptoms at least at the L4/5, L5/S1 levels. Furthermore, he underwent a psychological evaluation per the ODG which determined that he would not be a poor candidate for surgical intervention. Spinal fusion is clearly indicated in patients with degenerative disc disease of the lumbar spine who have failed conservative treatment and have diagnostic discograms which support the diagnosis. Though outcomes and patient satisfaction are reduced in the worker's compensation population, this is no reason to deny a particular patient appropriate treatment. In conclusion, I would recommend repeat discogram with control level followed by spinal fusion and post-operative TLSO brace as defined by Dr.*

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

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
  
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**