

# C-IRO, Inc.

An Independent Review Organization  
7301 Ranch Rd 620 N, Suite 155-199  
Austin, TX 78726

## **DATE OF REVIEW:**

JULY 20, 2007

## **IRO CASE #:**

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

Cyber tech TLSO (back brace)

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

M.D., Board Certified Orthopedic Surgeon

## **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 or not medical necessity exists for each of the health care services in dispute.

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

Operative report, Dr., xx/xx/xx  
Lumbar spine CT scan without contrast, 03/20/07  
Office note, Dr., 03/28/07  
Request for authorization for surgery, 05/22/07  
Letter, Ins. Carrier 05/30/07 and 06/21/07  
Psych evaluation, Dr., 06/13/07  
Request for review, 06/27/07

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

The claimant is a male who underwent L4-5 and L5-S1 anterior fusion with In-Fix prostheses on xx/xx/xx. Lumbar CT evaluation performed on 03/20/07 for persistent complaints of back pain noted the fusion devices to be in good position without evidence of pseudoarthrosis or disc protrusion; diffuse bulging at L4-5 and L5-S1; and minimal degenerative changes L1-L4. Dr. evaluated the claimant on 03/28/07 for ongoing complaints of back and bilateral lower extremity pain. Dr. review of the 03/20/07 CT indicated L4-5 pseudoarthrosis and possible fibrous union at L5-S1. Failed treatment modalities consisting of sacroiliac joint injections, facet injections, epidural steroid injections, medications and extensive physical therapy were noted. Dr. recommended posterior L4-S1 instrumented fusion with allograft from L4-S1 and post-operative use of a Cybertec TLSO brace.

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

The Reviewer considered if a Cybertec TLSO is medically necessary for the claimant. A custom "Cybertech" brace would not appear to be medically necessary. The Reviewer is unaware of any scientific studies or literature that would support the use of a custom brace over a standard postoperative TLSO following a lumbar fusion. Although a standard brace would be reasonable, the Reviewer is unable to justify the request for the custom "cybertech" brace and agree with the previous denial of the insurance carrier.

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

- 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  
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates; Low Back-Back Brace, Postoperative (fusion)
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)