



DATE OF REVIEW: April 30, 2007

IRO Case #:

**Description of the services in dispute:**

Denied for medical necessity: Item in dispute: Cybertech TLSO brace (DME)

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

The physician providing this review is board certified in Orthopedic Surgery. The reviewer holds additional certification from the American Board of Orthopaedic Surgery. The reviewer has served in capacity of executive committee member, credentials committee, chairman of the surgery department, board of directors and quality boards at various hospitals and medical centers. The reviewer currently serves as the Chief. The reviewer has been in active practice since 1970.

**Review Outcome**

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

Upheld

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**

FROM THE STATE OF TEXAS:

Letter 4/11/07 - 1 page

Fax confirmation from Texas Department of Insurance 4/11/07 - 6 pages

Request form for review by an independent review organization 4/3/07 - 3 pages

Letter from 3/28/07 - 2 pages

Letter from 4/2/07 - 2 pages

FROM DR.:

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Request for preauthorization for surgery 3/20/07 - 1 page  
Lumbar spine MRI report 1/23/07 - 2 pages  
MRI thoracic spine including thoracic cord 1/23/07 - 2 pages  
EMG results 2/12/07 - 2 pages  
Chart notes 2/14/07 - 2 pages  
Addendum to chart notes of 2/14/07, 2/16/07 - 2 pages  
Chart notes 3/8/07 - 2 pages

FROM FOL:

Letter from 4/16/07 - 2 pages  
ODG guidelines, low back, lumbar & thoracic (acute & chronic) - 4 pages

### **Patient clinical history [summary]**

The patient is a male who fell 2 stories from a ladder and complained of lower back pain. The injury occurred. He received treatment for the original injury, and none of those records are available. He was treated nonoperatively. He saw Dr. complaining of pain in the right lower extremity with weakness and giving way. The MRI studies indicated spinal stenosis and foraminal stenosis at L4 and L5 and facet arthropathy from L3 through L5. There was also disk bulging at all these levels. The electrodiagnostic studies indicated a bilateral L5 radiculopathy with acute and chronic peripheral polyneuropathy. There was no information in the clinical records as to the etiology of the peripheral polyneuropathy i.e. evidence of diabetes, alcoholism, multiple sclerosis etc. there also is no social history or detailed physical examination in the records received. Dr. records mostly include a summary of the multiple diagnostic studies. There is no detailed physical examination except notation by Dr. that straight leg raising was negative and motor and sensory function was intact. Surgery has been proposed, which would include discectomy and decompression along with anterior and posterior fusion with stabilization with internal fixation and autograft and allograft. Postoperative treatment would include the use of bracing with a TLSO brace.

### **Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

There is agreement with the insurance carrier that postoperative TLSO bracing is not necessary. There is no support in any of the medical literature that verifies the necessity of a thoracolumbar sacral orthosis postoperatively. These devices have never been shown to have an objective quantifiable benefit.

### **A description and the source of the screening criteria or other clinical basis used to make the decision:**

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Milliman Care Guidelines, 8<sup>th</sup> Edition

American Academy of Orthopedic Surgeons and North American Spine Society algorithm

Clinical Practice Guideline number 14: Agency for Health Care Policy and Research

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