

# **MATUTECH, INC.**

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**DATE OF REVIEW:** MAY 16, 2007

**IRO CASE #:**

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

Purchase of an RS-LSO spinal orthosis with system-LOC bracing for low back pain.

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

The physician providing this review is a spinal neurosurgeon. The reviewer is national board certified in neurological surgery. The reviewer is a member. The reviewer has been in active practice for 38 years.

**REVIEW OUTCOME**

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

Upheld (Agree)

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

Services, Inc.

Utilization reviews (03/14/07 – 04/10/07)  
Office notes (03/14/07)

M.D.

Office notes (10/10/06 – 03/07/07)  
Electrodiagnostics (01/19/07)  
Procedures (03/07/07)

RS Medical

Office notes (01/11/07 – 03/14/07)

Insurance Carrier

Office notes (10/05/06 - 02/13/07)  
Radiodiagnostics (10/05/06)  
Electrodiagnostics (01/19/07)

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

The patient is a male who injured his lower back while trying to open an overhead door behind him.

M.D. noted that the patient was being treated with medications and physical therapy (PT) without improvement. Magnetic resonance imaging (MRI) of the lumbar spine revealed a grade I-II spondylolisthesis involving L5-S1 associated with disc bulge versus protrusion as well as marked disc space narrowing and disc desiccation, a 5-mm retrolisthesis at L4-L5 with 2.5-mm disc bulge/protrusion; a 2.5-mm broad-based disc protrusion with annular tear at L2-L3, and a 2-mm disc bulge at L3-L4. M.D., an orthopedic surgeon, initially treated the patient with medications, PT, and finally a lumbar epidural steroid injection (ESI) for continued complaints of right leg pain and tingling/numbness. Later, he recommended electromyography/nerve conduction velocity (EMG/NCV) studies for suspected lumbar radiculopathy.

In an impairment rating (IR) evaluation, M.D., opined that the patient was not at maximum medical improvement (MMI) and recommended completion of a series of three lumbar ESIs, continuation of anti-inflammatory medications, and a home exercise program (HEP). He stated that the EMG/NCV study should be performed for diagnostic purpose; however, its result would not change the treatment plan.

In 2007, EMG/NCV study was suggestive of a right L5-S1 nerve root irritation but not conclusive for radiculopathy. Dr. prescribed an RS-LSO spinal orthosis for reducing back pain and supporting the weak spinal muscles. In March, he performed a lumbar ESI.

On March 14, 2007, M.D. denied the request for purchase of RS-LSO brace as not being medically reasonable and appropriate. Rationale: *The patient did have spinal pathology with degenerative disc disease (DDD), disc protrusion with collapse, as well as degenerative listhesis. There was no mention as to why the RS-LSO was requested over other types of supports. Custom-ordered LSO might be helpful but braces typically are outside the ODG Guidelines with regards to treatment of back pain. It is unknown if the patient is a candidate for surgery or other types of spinal interventions since the requester did not document the indications for this brace, the medical necessity for an RS-LSO brace is unclear.*

Dr. stated that the LSO brace would provide support and would limit motion of the affected area to prevent further injury.

On April 10, 2007, M.D. denied the request for RS-LSO brace stating that the request for appeal purchase of RS-LSO brace was not medically necessary.

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

Medical material reviewed listed numerically include:

1. The patient's clinical history summary with denial of services outlined.
2. Reports of xx/xx/xx, October 09, 2006, March 9, 2007, and April 10, 2007.
3. Lumbar spine and lumbar MRI reports of October 5, 2006, by M.D.
4. A report by M.D. from October 10, 2006, through March 14, 2007.
5. A January 10, 2007, report by M.D.
6. Electrodiagnostic testing report of January 21, 2007.
7. An operative report regarding epidural steroid injection on March, 7, 2007, by M.D.
8. An RS-LSO spinal arthrosis, advertisement

This case involves a male who was trying to open an overhead door when he developed pain in his low back. Medications, physical therapy, and rest was not helpful and a lumbar MRI on October 5, 2006, showed spondylolisthesis at the L5-S1 level with questionable disc herniation associated with that and in addition retrolisthesis representing possible instability at the L4-L5 level. Epidural steroid injections and more physical therapy was not successful in dealing with the trouble and on January 21, 2007, EMG suggested radiculopathy the right L4-L5 level, but this was not conclusive regarding radiculopathy. The patient continues with back pain and bracing has been recommended.

I agree with denial of the back brace. Supporting weak spine musculature often makes them weaker and this relatively young person that could lead to additional difficulty with the lumbar spine. There are changes on physical examination, MRI imaging, and electromyography that suggest nerve root compression that should be dealt with something more definitive than bracing. While bracing may be helpful transiently, I think this young man's future would best be served by something more definitive in trying to take care of the basic pathology in the lumbar spine.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

"Guidelines developed by the reviewer over 38 years of evaluating spinal surgical problems."