



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW DECISION

IRO REVIEWER REPORT

DATE OF REVIEW: 05/05/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Denial of a Cybertech LSO brace (CPT L0631).

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

Texas License and currently on TDI DWC ADL.
Board Certified Neurosurgeon

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Employer's First Report of Injury or Illness.
2. Medical records of Dr.
3. Records of D.C.
4. Report of spinal ultrasound dated 03/16/06.
5. Electrodiagnostic studies performed on 03/21/06.
6. Radiographic report of the lumbar spine dated 04/03/06.
7. Medical records of Dr..
8. Functional Capacity Evaluation dated 04/28/06.
9. Medical records of Dr.
10. Report of examination by Dr. dated 08/29/06.
11. Report of CT/myelogram of the lumbar spine dated 09/26/06.
12. Follow-up examination by Dr. dated 10/03/06.
13. Required Medical Evaluation report dated 10/05/06.
14. Psychological evaluation dated 11/02/06.

15. EMG report dated 11/14/06.
16. Functional Capacity Evaluation dated 02/02/07.
17. Procedure report dated 02/05/07.
18. Psychological evaluation dated 02/07/07.
19. Benefits Review Conference report dated 03/22/07.
20. Utilization review reports.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee sustained an injury to her low back while lifting.

The employee was initially evaluated at Medical Centers and diagnosed with a lumbar strain and back pain. The employee was also seen simultaneously by a chiropractic provider. A radiographic report dated 03/08/06 interpreted by D.C., reported no evidence of acute fracture or osseous pathology involving the lumbar spine. The employee was later referred for an ultrasound of the spine, which was reported to reveal diffuse inflammatory changes.

On 03/16/06, the employee was referred for electrodiagnostic studies which were equivocal. I would note that these studies were DSEP, NCS, and SEPs. No EMG was performed.

The employee was referred for an MRI of the lumbar spine on 03/27/06 and was interpreted by D.C. This study reported disc desiccation with a 2 mm broad-based posterocentral disc protrusion at L3-L3 and L3-L4, disc desiccation at L4-L5 with a 3 mm broad-based posterocentral disc protrusion which was asymmetric toward the left side where during extension resulted in left exit neural foraminal stenosis and effacement of the thecal sac, and facet arthropathy which was mild to moderate at L4-L5 and mild at L5-S1.

The employee was subsequently referred to Dr. on 04/10/06. The employee reported that her primary complaint was low back pain with radiation into the right lower extremity extending into the second and third toes. The physical examination revealed the employee had reduced lumbar range of motion. Extension was restricted. Deep tendon reflexes were intact. Straight leg raising was negative. Lasegue's was negative. Motor strength was rated at 5/5 and there was no sensory deficit. Dr. recommended that the employee undergo a high volume caudal epidural steroid injection.

The employee was seen in follow-up on 05/22/06. It was report the employee had not been approved for a caudal epidural steroid injection under utilization review.

The employee was subsequently referred to Dr. for pain management.

The employee was subsequently referred for a second opinion with Dr. on 08/29/06. Dr. noted that the employee reported low back pain with transient symptoms in both lower extremities. The employee was reported to have participated in various therapies but had not received any injections or lumbar surgeries. Dr. reported that an EMG/NCV performed on 03/21/06 was normal and that a DSEP study performed on this date was also normal. On physical examination, the employee was tender over the mid low lumbar spine. She had an antalgic gait. Heel and toe walking was normal. There was no evidence of muscle spasm. Sensory testing was normal. Muscle strength was intact. Straight leg raising on the left produced pain in the left buttock and on the right in the low back and proximal leg. The employee's deep tendon reflexes were 2+ bilaterally. Review of x-rays performed on 08/29/06 were within normal limits. Dr.

noted that the employee had low back pain and right leg pain, the etiology of which was not entirely clear. Dr. noted that the protrusion at L4-L5 was somewhat suggestive as pathology/; however, electrodiagnostic studies were equivocal and the protrusion extended somewhat toward the left rather than the employee's symptomatic side, which was on the right. Dr. recommended a CT myelogram be performed to determine if there was surgical pathology present.

The employee was referred for CT/myelography on 09/26/06. The myelographic study indicated mild ventral epidural defects at L3-L5 and L4-L5. Post procedure CT of the lumbar spine indicated mild disc bulges at L2-L3 with no evidence for central or neural foraminal stenosis. At L4-L5, there was a diffuse disc bulge with a prominent left preforaminal/foraminal component. This combined with mild facet arthropathy to contribute to mild central canal stenosis with the thecal sac narrowed to 9 mm. There was mild to moderate neural foraminal stenosis.

The employee was seen in follow-up by Dr. on 10/03/06. Dr. reported that the myelogram/CT effectively ruled out a source of right sciatica. He noted that the employee rarely, if ever, had left leg pain and it was only on the left where there was at least some equivocal source of nerve compression at L4-L5. Dr. opined that much of the employee's back pain may be due to a right sacroiliac joint irritation. The employee was offered and declined a right sacroiliac joint injections.

The employee was again referred for EMG/NCV studies of the lower extremities, which was performed by a physical therapist technician, and later interpreted by Dr.. This study was reported to suggest an L4-L5 radiculopathy bilaterally. However, the validity and the performance of this study were called into question.

Dr. recommended that the employee undergo a caudal epidural steroid injection which was performed on 02/05/07. Post procedurally, the employee was reported to have only received transient relief with a gradual return of her symptoms.

The employee was seen in follow-up on 02/19/07, and at that time, Dr. recommended that the employee undergo a decompressive laminectomy at L4-L5 bilaterally with discectomy at L4-L5 on the left.

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

Review of the available medical records indicates that the employee has had consistent complaints of low back pain with radiation into the right lower extremity that was not validated by electrodiagnostic study, MRI, or CT/myelogram of the lumbar spine. These studies indicate a left sided disc protrusion at L4-L5 and myelography indicated no filling defects at that level. Post CT/myelogram indicated a left sided protrusion with left neural foraminal encroachment. The employee's reported symptoms do not correlate with her imaging studies. Her serial physical examinations are dependent upon the examining physician. A second opinion and independent review by Dr. John Milani clearly recommended against surgical intervention given the above information. It would be my opinion that the employee would be a poor surgical candidate given her equivocal presentation and lack of correlation with objective data. Surgical intervention is not recommended. Given this decision, a Cybertech LSO brace would not be medically necessary in the postoperative period.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. The *Official Disability Guidelines, 11th Edition*, The Work Loss Data Institute. Accessed: 05/02/07.
- B. *The American College of Occupational and Environmental Medicine Guidelines*, Chapter 12. Accessed 05/02/07.
- C. M.D., *Campbell's Operative Orthopedics, 10th Edition*, University of Tennessee-Campbell Clinic, Memphis, TN, Le Bonheur Children's Medical Center, Memphis, TN (SBN 0323012485).