

DATE OF REVIEW: 5/25/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

DME Cybertech TLSO brace

QUALIFICATIONS OF THE REVIEWER:

This reviewer received his medical doctorate from the University. He did his internship and residency in the field of Orthopaedics. This physician did a fellowship at Department of Orthopaedics, Sports Medicine. He has been board certified in Orthopaedics since 2001. This reviewer has written numerous research articles and publications. He is affiliated with the Orthopaedic Surgeons, Society for Sports Medicine, Arthroscopy and the Medical Association.

REVIEW OUTCOME:

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

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

DME Cybertech TLSO brace Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 05/15/2007
2. Review organization note dated 05/11/2007
3. Request IRO note dated 05/15/2007
4. Employee information note dated 05/10/2007
5. Initial review note dated xx/xx/xxxx
6. Review organization note dated 05/07/2007
7. Clinical note by DO dated 04/09/2007
8. Clinical note by LVN dated 04/09/2007
9. Clinical note by MD dated 04/25/2007
10. Request note by LVN dated 04/24/2007
11. Clinical note dated 05/10/2007
12. Review of case assignment note dated 05/15/2007
13. Clinical note dated 05/17/2007
14. Clinical note dated 04/09/2007
15. Clinical note by DO dated 04/09/2007
16. Request note by dated 04/09/2007
17. Clinical note by MD dated 04/25/2007
18. Request note by LVN dated 04/24/2007
19. Clinical note dated 05/17/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male smoker whose working diagnosis includes failed surgery syndrome, radiculopathy, and pseudoarthrosis at L4-S1. He underwent a PLIF at L4-S1 on 5/3/2005. The hardware was removed. Movement increases the injured worker's pain and hot baths are reported to lessen the pain. His past medical care has consisted of VAX-D and physical therapy treatments. Lumbar epidural injections were noted to be of limited benefit.

At this time, the request for a DME Cybertech TLSO brace is under review.

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

This individual has chronic low back pain after an injury at work. The worker has been treated with surgical intervention, followed by hardware removal. His symptoms have continued despite medication, physical therapy, VAX-D, and steroid injections. The provider is requesting a TLSO brace for potential pain relief and potentially postoperatively. TLSO braces are generally utilized for non-operative management of thoracolumbar fractures to immobilize the spine and allow the fracture to heal in good position. Braces for the treatment of back pain have been controversial in the literature without a clear consensus. Braces can temporarily improve the pain, but they weaken the core stabilizers and lead to continued pain when the brace is discontinued. Therefore, most current literature does not advocate the use of bracing for low back pain. Lastly, to completely immobilize the L5-S1 level, a thigh cuff would need to be added which could lead to gait difficulties. Thus, based on the patient's pathology and the limited literature support, the brace is not medically necessary. The denial is upheld.

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

AHCP- 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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Francis H. Shen, Dino Samartzis, and Gunnar B.J. Andersson Nonsurgical Management of Acute and Chronic Low Back Pain J. Am. Acad. Ortho. Surg., August 2006; 14: 477 - 487.

AMR Tracking Num: