

Notice of Independent Review Decision

DATE OF REVIEW:

11/19/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cybertech TLSO Back Brace

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

Board Certified Orthopaedic Surgeon

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.

The request for a Cybertech TLSO Back Brace is not reasonable, nor medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 11/07/07
- DWC: Notice To LLC of Case Assignment dated 11/07/07
- DWC: Confirmation of Receipt of a Request For a Review dated 11/05/07
- LHL009: Request For a Review By An Independent Review Organization dated 11/02/07
- Report dated 10/30/07 from M.D.
- Report dated 10/18/07 from M.D.
- Rehabilitation Center: Psych Testing and Recommendations dated 10/05/07 from
- Rehabilitation Center: Psych Diagnostic Interview and Recommendations dated 10/05/07 from, Ed.D.
- Request for Preauthorization for Surgery dated 09/22/07 from, M.D.
- Spine Care: Chart Notes dated 09/21/07, 06/01/07, 10/13/06 from M.D.
- Imaging & Diagnostic Center: Lumbar discogram, post discogram CT scan lumbar spine dated 09/14/07
- Radiology Reports: MRI lumbar spine dated 04/03/07, lumbosacral radiographs dated 04/03/07
- Advanced Diagnostics: Electro-Diagnostic Studies dated 07/11/06 from M.D.
- Imaging and Interventional Specialists: MRI lumbar spine dated 06/16/06
- Note: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx-year-old male who was reported to have sustained injury on xx/xx/xx. The worker was driving a boom lift when one of the front wheels went through plywood. This shook the cage. The injury occurred on a Friday and the injured individual alleged developing symptoms over the weekend. Initial treatment records are missing, but it appeared that he sought care from D.C. Plain x-rays revealed evidence of degenerative disc disease at L5-S1. Electromyogram/Nerve Conduction Velocity (EMG/NCV) study performed by M.D. on 07/17/2006 showed no significant abnormality. A lumbar epidural steroid injection was performed on 07/24/2006 by D.O. without clinical improvement. He underwent bilateral facet blocks from L3-S1 (three levels) without any documented objective improvement. Additional treatment has included physical therapy (at least twelve sessions), question of work hardening program, chiropractic care/treatment and been on numerous medications (methadone 10mg, hydrocodone 5mg, Norco 10mg and antidepressants). M.D. initially evaluated Mr. on 10/13/2006. His examination documented a normal neurological examination (normal strength, normal reflexes, normal sensory findings and no evidence of radiculopathy). The injured individual's major complaint was axial back pain. MRI imaging revealed evidence of multiple level degenerative disc disease, a pre-existing chronic condition. These findings were not consistent with an acute traumatic event like the occupational injury of 05/19/2006. A three level discogram with CT scan was performed on 09/14/2007 by M.D. The discogram did not show concordant pain at any level, but evidence of annular fissuring at multiple levels without dye extravasation. L5-S1 was not tested secondary to inability to enter the disc space. Dr. on 09/21/2007 recommended anterior discectomy/interbody fusion with STALIF device at L5-S1 despite the discogram results. The injured individual underwent psychological evaluation on 10/05/2007 at the Rehabilitation Center, INC.

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

The injured individual is a xx-year-old male who was reported to have sustained injury in a work-related incident on xx/xx/xx. He is over 17 months since injury with continuing symptoms despite extensive evaluation and treatment. Imaging studies revealed evidence of pre-existing or "disease of life" multiple level degenerative disc disease without radiculopathy or instability. It does not appear that a pain generator has been identified upon medical record review. The injured individual has consistently demonstrated an intact neurological examination with pain as the major symptom. Dr. has recommended an L5-S1 with instrumentation. He has also requested a Cybertech TLSO (back brace). The proposed back brace is not supported by the evidence-based **Official Disability Guidelines**.

Back brace, post operative (fusion):

Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-operative brace, if any, depending on the experience and expertise of the treating physician. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. For long bone fractures prolonged immobilization may result in debilitation and stiffness; if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. There may be special circumstances (multilevel cervical fusion, thoracolumbar

unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. ([Resnick, 2005](#))

Pre-Operative Surgical Indications Recommended:

Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see [discography criteria](#)) & MRI demonstrating disc pathology; & (4) Spine pathology limited to two levels; & (5) [Psychosocial screen](#) with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. ([Colorado, 2001](#)) ([BlueCross BlueShield, 2002](#)).

The injured individual does not meet the surgical criteria as outlined by the **Official Disability Guidelines**.

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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**