

True Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 214-276-1904

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: OCTOBER 13, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Purchase of Cybertech TLSO brace

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Physical therapy evaluation, 12/18/06

MRI lumbar, 01/12/07

EMG/NCS, 01/29/07

Office notes 02/19/07, 04/13/07, 06/27/07

Lumbar ESI, 03/20/07

Bone scan, 04/09/07

Pre-authorization request: 2-3 day length of stay, 08/09/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is to undergo a two level lumbar fusion. A TLSO brace for purchase has been requested for post operative use.

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

A previous peer review showed non-certification as the surgery was not indicated, and the requested custom brace was not within the current standard of care, as Official Disability Guidelines note that most patients will benefit from a standard post-operative brace.

Additional medical records were reviewed. They showed degenerative disc An MRI of 01/12/07 showed degenerative changes at L3-4 with facet arthropathy at L4-5 and L5-S1 with disc desiccation and bulging at L5-S1. Electromyogram/nerve conduction study showed bilateral L5-S1 radicular pathology, right worse than left. Surgery for anterior discectomy, interbody fusion of L4-5 and L5-S1 and posterior decompression of L4-5 and L5-S1 with fusion of L4 to S1 has been recommended. I cannot recommend the purchase of Cybertech TLSO brace as medically necessary at this juncture.

There is also no documentation to support that a Cybertech TLSO brace would provide this claimant with any enhanced benefit that a standard off the shelf brace for postoperative immobilization.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back: 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-op 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.

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
- AHCPR- 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
- 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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)