



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

**DATE OF REVIEW:** 02/11/08

**IRO CASE #:**

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

Cybertech LSO back brace

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

Board Certified in Orthopedic Surgery

**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)

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.

Cybertech LSO back brace - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Evaluations with, D.C. dated 02/21/04 and 11/03/04  
TWCC-73 forms from Dr. dated 11/03/04, 11/10/04, and 02/21/05

Physical therapy with an unknown therapist (signature was illegible) dated 11/03/04, 11/04/04, 11/05/04, 11/08/04, 11/09/04, 02/21/05, 02/23/05, 02/25/05, 03/01/05, 03/04/05, 03/08/05, 03/11/05, 03/14/05, 03/21/05, 03/29/05, 04/01/05, 04/11/05, 04/14/05, 04/18/05, 04/20/05, 04/22/05, 04/26/05, 04/28/05, 05/05/05, 05/09/05, 05/11/05, 05/17/05, 05/20/05, 05/23/05, 05/25/05, 06/01/05, 06/06/05, 06/13/05, 06/16/05, 07/01/05, 07/19/05, 07/25/05, 08/01/05, 08/03/05, 08/08/05, 08/12/05, 08/16/05, 08/23/05, 09/02/05, 09/09/05, 09/14/05, 09/22/05, and 10/04/05

Authorization for absence notes from Dr. dated 11/05/04 and 11/09/04

A letter from dated 03/19/05

Letters from Dr. dated 05/03/05 and 10/15/07

Prescriptions from Dr. dated 06/01/05, 10/07/05, 11/13/06, 08/15/07, and 09/10/07

MRIs of the thoracic and lumbar spine interpreted by Dr. (no credentials were listed) dated 06/10/05

Patient insurance information dated 06/10/05 and 03/31/06

A spine questionnaire dated 06/10/05

Evaluations with, M.D. dated 02/08/06, 03/08/06, 05/17/06, 06/28/06, 07/26/06, 09/08/06, 02/13/07, 04/10/07, 06/05/07, 08/08/07, 10/12/07, 10/29/07, and 12/07/07

Physician's orders from Dr. dated 03/29/06, 04/05/06, 10/03/07, 10/21/07, and 10/31/07

A home medication profile from an unknown nurse (signature was illegible) dated 04/03/06

An Ambulatory Surgery Program dated 04/05/06

Procedure notes from Dr. dated 04/05/06 and 10/31/07

A Disclosure and Consent note from the unknown nurse dated 04/05/06

A preoperative record from, R.N. dated 04/05/06

A postoperative record from, R.N. dated 04/05/06

A flowsheet dated 04/05/06

Anesthesia records from an unknown provider (signature was illegible) dated 04/05/06 and 10/31/07

An evaluation with Dr. dated 04/05/06

X-rays of the lumbar spine interpreted by M.D. dated 08/08/06

Evaluations with, M.D. dated 08/09/06, 08/14/06, 01/24/07, 03/28/07, 06/06/07, 06/13/07, 07/16/07, and 12/19/07

An impairment rating evaluation with, D.C. dated 09/26/06

An evaluation with an unknown provider (no name or signature was available) dated 10/20/06

An evaluation with, P.T. dated 11/20/06

Physical therapy with Ms. dated 11/29/06, 12/04/06, 12/06/06, 12/11/06, 12/13/06, 12/18/06, 12/20/06, 12/26/06, 12/27/06, and 01/03/07

Physical therapy with, P.T. dated 12/01/06

Physical therapy with, P.T. dated 12/08/06

An evaluation with dated 12/29/06

X-rays of the lumbar spine interpreted by, M.D. dated 01/23/07

An explanation of review form dated 05/03/07  
An MRI of the lumbar spine interpreted by, M.D. dated 05/03/07  
A Bill Audit Coversheet dated 06/21/07  
An IRO Decision report from dated 08/21/07  
A psychological evaluation with Dr.. (no credentials were listed) dated 08/23/07  
An evaluation with, D.O. dated 09/13/07  
Patient information sheets dated 09/13/07 and 10/25/07  
A preoperative record from, R.N. dated 10/31/07  
A lumbar discogram/CT scan interpreted by, M.D. dated 10/31/07  
A postoperative record from, R.N. dated 10/31/07  
A Preauthorization Request from Dr. dated 12/19/07  
Letters of non-certification, according to the ODG, from, M.D. dated 12/28/07  
A letter of non-certification, according to the ODG, from, M.D. dated 01/10/08  
The ODG Guidelines utilized were provided

### **PATIENT CLINICAL HISTORY**

Physical therapy was performed with the unknown therapist from 11/03/04 through 10/04/05 for a total of 53 sessions. MRIs of the thoracic and lumbar spines interpreted by Dr. on 06/10/05 revealed minimal non-compressive protrusions of the mid thoracic spine and mild facet hypertrophic changes from L3 through S1. On 02/08/06, Dr. recommended Naprelan and physical therapy. A lumbar epidural steroid injection (ESI) was performed by Dr. on 04/05/06. On 05/17/06, Dr. recommended a Medrol Dosepak and Protonix. X-rays of the lumbar spine interpreted by Dr. on 08/08/06 were unremarkable. On 09/26/06, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 5% whole person impairment rating. Physical therapy was performed with Ms. from 11/29/06 through 01/03/07 for a total of 10 sessions. On 01/24/07, Dr. recommended a lumbar discogram and possible surgery. An MRI of the lumbar spine interpreted by Dr. on 05/03/07 revealed disc bulging at L5-S1 and L4-L5. On 08/08/07, Dr. recommended a psychological evaluation. On 08/16/07, Dr. felt the patient was a good candidate for a discogram. An IRO from Mr. on 08/21/07 noted the adverse determination decision had been upheld. A lumbar discogram CT scan interpreted by Dr. on 10/31/07 revealed concordant pain at L5-S1 with degenerative facet changes. On 12/19/07, Dr. requested lumbar spine surgery. On 12/28/07, Dr. wrote a letter of non-certification, according to the ODG, for the lumbar surgery. On 01/10/08, Dr. wrote a letter of non-certification, according to the ODG, for a Cybertech LSO brace.

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

The patient was indicated for a spinal fusion, including pedicular fixation. Assuming that adequate pedicular fixation would be obtained by a competent

surgeon, there is no need for an external brace. In fact, the ODG and many major textbooks now indicate that the use of bracing is contraindicated. The brace tends to weaken the individual, diminish motion, and set back some of the gains that internal fixation had obtained. The requested Cybertech LSO back brace is neither reasonable nor necessary as indicated by the ODG and current, common, medical knowledge.

**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 AND KNOWLEDGE BASE
- 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
- X 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

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