

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 05/13/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cybertech TLSO LO637

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

M.D., 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)

Upon independent review the reviewer finds that the requested Cybertech TLSO LO637 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 4/16/08, 4/25/08
ODG Guidelines and Treatment Guidelines
4/11/08, 4/9/08
Spine Care, 3/3/08, 1/17/08, 4/11/08
MRI of Lumbar Spine, 2/6/08

Dr., DO, 6/20/07, 6/27/07, 7/11/07, 7/25/07, 8/15/07, 8/29/07, 6/28/06, 7/19/06, 8/3/06, 8/16/06, 9/6/06, 9/20/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who is approximately two and a half years post injury with unrelenting back pain and left leg symptoms. He has been diagnosed as having a grade 1 anterolisthesis at L4/L5 with some central and lateral recess stenosis. His main complaint is back pain. A 360-degree L4/L5 decompression was recommended. A thoracolumbar arthrosis has been recommended as an adjunct to the surgery. Apparently the surgical procedure itself has been denied.

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

Upon review of the provided medical records and relevant ODG Guidelines this reviewer finds that the requested Cybertech TLSO L0637 is not medically necessary. Previous adverse determination is upheld because the use of lumbosacral braces to immobilize the lumbar spine is controversial at best. In fact, without a spica extension, there is increased stress placed about the lumbosacral junction. The ODG Guidelines do consider the use of a postoperative back brace to be under study, but given the lack of evidence supporting the use of the devices, a standard noncustom brace would be just as useful as a custom orthosis. There is no scientific evidence of the benefit of bracing for improving fusion rates or clinical outcome following instrumental lumbar spine fusion. The questioned underlying surgical procedure was found to be not medically necessary, and the use of the orthosis is also not medically necessary

**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)