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**DATE OF REVIEW:** 11/26/2008

**IRO CASE #:**

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

TSLO Back Brace

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery, Neurological Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

**REVIEW OUTCOME:**

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
TSLO Back Brace	E1399	-	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Appeal Request	Reviews	14	10/22/2008	10/22/2008
2	Initial Denial Letter		5	10/13/2008	11/11/2008
3	IRO Request	Texas Department of Insurance	15	11/12/2008	11/12/2008
4	First Report of Injury		1	09/24/2008	09/24/2008
5	Office Visit Report	MD	2	09/10/2008	09/10/2008
6	Office Visit Report		3	08/28/2008	09/03/2008
7	Diagnostic Test	CAT & MRI Scan	5	09/03/2008	09/03/2008
8	Appeal Request	MD	2	10/17/2008	10/28/2008
9	Initial Denial Letter		7	10/13/2008	10/22/2008
10	Disability Form	Neurosurgical Association	1	10/15/2008	10/15/2008

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. The patient reportedly sustained an injury when he picked up a heavy pipe. The patient complains of low back pain with bilateral leg pain, left greater than right. The patient is noted to have undergone prior discectomy at L4-5 on the left in 1997, and has undergone physical therapy. The patient has undergone recent myelogram which noted mild effacement of the left L5 nerve root. The patient has recently been denied for fusion surgery and the documentation includes an IRO request with a suspense date of 12/08. It appears the fusion surgery has not been approved. Physical examination revealed the patient is 6 foot tall weighing 208 pounds. There was evidence of paralumbar muscular tightness as well as weakness in the left foot. There was decreased sensation on the left L5 dermatome. Straight leg raise reportedly referred pain to the left hip and leg. Straight leg raise on the left was less than 45 degrees. DTRs (deep tendon reflexes) were trace bilaterally and symmetrically. The request is for a TSLO back brace.

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

The requested TSLO brace is not certified at this time. The patient is pending an IRO decision for surgical intervention. There is no indication at this time that fusion surgery is warranted. The patient has apparently undergone a signal decompression in 1997 and it is unclear if approval will be granted. Until such time, the requested TSLO brace is not warranted.

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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 conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). 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](#))

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

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