



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 10/14/08

**IRO CASE NO.:**

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

Item 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 Neurosurgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Medical records from Dr. dated 06/30/06 thru 01/10/08
2. Procedure report lumbar facet joint injections dated 06/06/07
3. MRI of the lumbar spine dated 12/27/07
4. Medical records from Dr. dated 02/27/08 thru 06/11/08
5. Operative report dated 05/30/08
6. Ph.D., dated 06/27/08
7. Utilization review determination dated 08/26/08
8. Utilization review determination dated 09/08/08
9. ***Official Disability Guidelines***

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was xx years old when she was reported to have sustained a work related injury to her low back on xx/xx/xx. The records indicated that on the date of injury, the employee was employed for . She reported that an end cap had fallen and struck her while she was bent over a shopping cart. She became wedged between the

cart and the shelving. A coworker helped her get out of this position. She immediately experienced pain from shoulder to shoulder and her low back.

The employee was reported not to have received any treatment from 1997 until 2005. The employee is currently under the care of Dr. and was most recently seen on 06/11/08. Clinical records indicate that the employee underwent an MRI of the lumbar spine on 12/27/07. This study reported the T12 through L1 levels were unremarkable. The L1 through L2 to the L3-L4 levels demonstrated minimal annular bulging of the osteophyte formation. They were otherwise unremarkable. The L4-L5 levels were unremarkable. The L5 through S1 level demonstrated disc desiccation with moderate loss in disc height. There was broad-based chronic appearing moderately elevated protrusion that indented the thecal sac without significant central stenosis because it was a very broad it results in mild narrowing of the lateral recesses bilaterally. There was no soft extrusion. There was no neural foraminal narrowing. The facet joints were unremarkable. Plain radiographs performed on 02/27/08 were reported to show significant disc space narrowing at L5-S1 with several millimeters of retrolisthesis. The four lumbar vertebral segments above were in good alignment with good maintenance of disc space height. On 06/06/07 the employee underwent facet joint blocks on the left at L4-L5 and L5-S1. She was further reported to have undergone epidural steroid injections at Texas Back Institute in 2007. Each injection was reported to have provided 100% relief for three months. She was further previously reported to have undergone physical therapy which included active and passive therapy. The employee most recently has undergone selective nerve root injection on the left at L5 and S1 on 05/30/08. She reported 90% persistent pain relief in the left lower extremity only, weakness in the left lower extremity at the hip, knee, and ankle continued as it gives out on her periodically. She reported the injection did nothing for her low back and right lower extremity complaints. The employee reported that her tolerance for work activities had improved, and she could work for seven to twelve hours as a dog groomer with no difficulties. She was reported to smoke. Current medications included Keppra and ibuprofen, Celebrex, and Lortab. Upon physical examination, the employee's ability to flex forward had improved from 40 to 70 degrees, and lateral bending to the left induced sharp pain in the low back. Extension and rotation was limited and asymptomatic. The employee guarded somewhat as she moved. Her active range of motion remained restricted in all planes. Tenderness was moderate on the left, more pronounced at the lower lumbar levels. There were no scars. In the seated position, deep tendon reflexes continued to be equally reactive at the knees and ankles. Straight leg raising was still positive on the left for pain reproduction in the hips and buttocks to the ankle. Lasegue's sign was negative. Motor strength was graded as 5/5 on the right. The left EHL was 4/5. There was numbness in the left proximal thigh and hyperesthesia described as tingling from the left knee to the ankle medially, as well as along the lateral aspect of the ankle and foot. Prior examination elicited numbness in the left lower extremity from the knee to the dorsum of the foot and toes 1 and 2. Nerve root involvement continued to include L4 and L5 and S1. The employee was opined to have complaints arising out of disc reabsorption at L5-S1, herniated nucleus pulposus at L5-S1, and a reported mobile retrolisthesis at L5-S1. The employee had requested operative intervention. The employee was referred for psychiatric evaluation on 06/27/08. The employee was reported to have no contraindications to surgery.

The records include a utilization review determination dated 08/26/08, which was authored by Dr. . Dr. opined that the employee was not a surgical candidate for an L5-S1 fusion. He reported the employee had degenerative findings at L5-S1; however, no significant pathology was present. There was minimal disc space narrowing which had gone unchanged for several years. The employee had no abnormal motion, spondylolisthesis, or spondylosis mentioned, and as such was not a fusion candidate. Dr. further found that the requested TLSO brace was not medically necessary due to the non-certification of the requested operative intervention.

This case was appealed and reviewed again on 09/08/08 by Dr. . Dr. non-certified the requested procedure. He noted that the employee sustained an injury over thirteen years ago. An MRI from December, 2007 revealed moderate degenerative changes at L5-S1 with a chronic appearing disc bulge. There was no evidence of central stenosis, neural foraminal narrowing, or soft tissue extrusion at any level. Plain radiographs indicated moderate narrowing at L5-S1 with no apparent interval change from previous imaging. There was no abnormal motion with flexion and extension. The requested procedure was not indicated as medically necessary. It was further reported that noting that the medical necessity was not established for lumbar fusion surgery, there was no need for the proposed TLSO brace.

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

I would concur with the two previous reviewers in that the requested TLSO brace would not be considered medically necessary given that the employee has not been certified for operative intervention. Current evidence-based guidelines recommend against using lumbar supports as a preventative measure. In the absence of clinical information indicating that the employee has been approved for surgery, the requested TLSO brace would not be medically necessary.

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

1. The Official Disability Guidelines, 11th Edition, The Work Loss Data Institute.  
**Back brace, post operative (fusion):** Under study. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. See the [Low Back Chapter](#) for more information.