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DATE OF REVIEW: 10/01/2008 AMENDED 10/02/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cybertech TLSO 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 Trauma, Orthopedic 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
Cybertech TLSO 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	Designated Doctor Report	M.D.	9	05/01/2007	05/01/2007
2	Diagnostic Test	PA	3	03/01/2007	03/01/2007
3	Office Visit Report	Health System	2	02/06/2007	02/06/2007
4	Fax Confirmation		2	09/25/2007	09/15/2008
5	FCE Report	D.C.	25	10/09/2007	09/15/2008
6	FCE Report	Diagnostics	11	09/21/2007	09/21/2007
7	IRO Request	M.D.	13	09/04/2008	09/04/2008
8	Diagnostic Test	MRI	1	03/14/2007	03/14/2007
9	Initial Denial Letter		7	08/08/2008	08/29/2008
10	Office Visit Report	unnamed provider	8	02/21/2007	12/26/2007
11	Office Visit Report	M.D.	7	04/04/2007	08/01/2008
12	Office Visit Report	Back & Neck clinic	3	02/20/2007	04/21/2008

13	Psych Evaluation	Health Care Associates	7	10/19/2007	10/19/2007
14	RME		10	09/17/2007	09/17/2007
15	Diagnostic Test	Radiology Consultants	1	02/20/2007	02/20/2007
16	Fax Confirmation		6	09/25/2007	09/17/2008
17	Op Report	Medical Center	1	04/30/2007	04/30/2007
18	UR Request	M.D.	1	08/03/2008	08/03/2008
19	Psych Evaluation	Health Care Associates	9	10/23/2007	02/07/2008
20	IRO Request	M.D.	13	09/04/2008	09/15/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who suffered a lumbar spine straining injury on xx/xx/xx. He was evaluated in the emergency room of a local hospital. A lumbar strain syndrome was diagnosed. He was further evaluated by a number of physicians and chiropractors. Physical findings were inconsistent. Initially, paravertebral spasm resulted in some reactive lumbar scoliosis which was later absent. He had some transient straight leg raising abnormalities which similarly became normal with the passage of time and treatment. Treatment consisted of physical therapy, muscle relaxant medication and pain medication. The patient also underwent epidural steroid injection without significant benefit. An EMG/NCV study on 3/1/07 suggested multiple level radiculopathies. MRI revealed degenerative disc disease changes without specific herniated nucleus pulposis. Patient did report some radiation of pain into both thighs. Patient was initially evaluated by Dr. on 04/04/07. A request for discography was submitted for pre authorization and denied. A request for pre authorization anterior lumbar discectomy with fusion was submitted and denied on two occasions. The purchase of a Cybertech TLSO brace was requested and denied and an IRO evaluation was requested. Most recent evaluation revealed limited positive physical findings. Straight leg raising was negative bilaterally. The patient was not taking pain medication and had few complaints. The IRO request has been submitted for determination of the medical necessity of the Cybertech TLSO brace.

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

There are potentially two circumstances under which lumbar supports or braces are prescribed. The ODG citations below deal with the possible application of lumbar supports for prevention of lumbar spine injury and the application of such devices under the post operative circumstances after lumbar surgery. Though there is some consensus amongst spine surgeons that lumbar supports or braces are beneficial; there does not appear to be research data to support their application. As such, the application of a TLSO brace without the intention to perform decompression and fusion of the lumbar spine can not be justified. The previous determination to deny the acquisition of the Cybertech TLSO brace appears appropriate and should be upheld.

Lumbar supports	Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. (Roelofs, 2007) Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration, and patients with chronic pain beyond 2 months may be

	candidates for vertebral body augmentation, ie, vertebroplasty. (Kim, 2006) See also Back brace, post operative (fusion).
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. (Resnick, 2005)

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

ODG: Low back chapter