

# P&S Network, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** October 3, 2008

**IRO CASE #:**

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

This case was reviewed by an orthopedist, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Purchase ComfAlign Brace

### **REVIEW OUTCOME**

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

Upheld (Agree)

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

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o September 16, 2008 utilization review letter from
- o September 25, 2008 utilization revealed letter from
- o September 11, 2008 DME prescription initiate from , M.D.
- o August 14, 2008 and notice all Independent Review Decision from
- o August 15, 2008 IRO reviewer report from unknown source
- o August 29, 2008 notice of independent review decision from
- o August 28, 2008 IRO reviewer report from unknown source

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records, the patient sustained an industrial injury on xx/xx/xx. A September 16, 2008 peer review report states that the patient has diagnoses of spinal stenosis of the lumbar region, lumbago, and thoracic or lumbosacral neuritis. The report states that this is a xx-year-old male with complaints of low back pain and bilateral lower extremity pain. The physician has recommended a lumbar fusion. A brace has been requested. The reviewer stated that the requested lumbar fusion cannot be justified based on the information provided. The patient is noted to have diffuse idiopathic skeletal hyperostosis with autofusion of at least one lumbar segment. The claimant recently has progressive neural claudication symptoms with difficulty ambulating. The claimant has no instability. Given the absence of instability and the presence of the diffuse hyperostosis which tends to stabilize the spine, a fusion would not seem justified. Therefore, the request for durable medical equipment in the form of a Comfalgin brace LSO would not be medically necessary according to the reviewer.

The request was again reviewed on September 25, 2008 and another non-certification rendered. The report states that the patient was found on MRI to have stabilizing osteophytes between L1 and L3 along with significant segmental changes of the entire lumbar spine. There is central and foraminal stenosis at L3-S1. The claimant has undergone physical therapy, chronic pain management program, and medications. injections offered limited help. The patient had stopped smoking. He had lost weight. He does have slight weakness of the left foot compared to the right. Reflexes are symmetric. There is a positive straight leg raise on the right at full extension creating back pain only. The report states that since the requested procedure is not certified, this obviates the need for post-operative durable medical equipment.

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

The Official Disability Guidelines state that postoperative (fusion) that braces are 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.

The medical records reflect that the patient had been deemed a candidate for a lumbar fusion procedure. However, this procedure has been non-certified in peer review. As noted above, the Official Disability Guidelines state that these braces are under study for post-fusion patients. Given this fact, in combination with the fact that the lumbar fusion procedure has been non-certified at this time, my determination is to uphold the previous decisions to non-certifying the request for purchase of a ComfAlign Brace.

The IRO's decision is consistent with the following guidelines:

**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 KNOWLEDGBASE
- \_\_\_ 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
- \_\_\_ 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

Official Disability Guidelines (2008)/Lumbar Chapter:  
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)