



Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE OF REVIEW: 7/27/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for Cybertech lumbosacral orthosis (LSO), (L0637).

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

Texas licensed 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for Cybertech LSO. (L0637)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 7/7/10.
- Request Form dated 7/6/10.
- Request for Reconsideration dated 5/27/10.
- Request for Authorization dated 5/7/10, 5/4/10 x2.
- Patient Notes dated 5/3/10.
- Return Patient Visit dated 3/15/10, 1/25/10.
- Prescription/Certificate of Medical Necessity dated 3/15/10.
- Interim History and Physical dated 3/2/10, 2/2/10, 1/6/10, 12/3/09, 11/5/09.
- Lumbar Myelogram and CT dated 12/4/09.
- Initial Examination dated 2/16/09.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Tripped over a pallet and fell.

Diagnosis: Status post lumbar fusion with pseudoarthrosis of L5-S1.

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

This male sustained a lumbar spine injury on xx/xx/xx, when he tripped over a pallet and fell. Subsequently, he underwent a lumbar interbody fusion with instrumentation (L3-4 and L5-S1). A post-surgery myelogram CT, on December 4, 2009, noted pseudoarthrosis at L5-S1. The findings also noted facet arthrosis bilaterally at L4-5, worse on the right, resulting in dorsal extradural defect without stenosis. The patient continued to follow-up with Dr.. The patient was also seen by Dr., who noted on February 2, 2010, that the patient was taking Dilaudid, Zanaflex, Lyrica, Pristiq, and Skelaxin. On March 15, 2010, Dr. noted that the patient continued to see Dr. for pain management and medication management. Further surgical recommendations were made. There was also a recommendation for an LSO brace at L5-S1. The prior peer review recommended an adverse determination of the LSO brace, citing the ODG criteria for bracing. The ODG state, "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." The LSO brace is a post-operative type of brace which the ODG state, "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, There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease." It was indicated that with respect to the claimant's case, while pseudoarthrosis had been diagnosed at L5-S1, based on the CT myelogram, the report noted that even though a vacuum phenomenon present at L5-S1 indicating residual motion, apparent clinic motion was not demonstrated on flexion and extension views. Considering that fact, there was no recent medical explanation how to use custom brace or any brace for that matter would benefit the claimant.

As noted in the prior reviews, the imaging studies indicated instability. The ODG criteria do not list pseudoarthrosis, in and of itself, as an indication for a brace. Without indication at this time for pending surgery, the patient's need for a LSO brace is not supported by the medical records provided for review **in line with Official Disability Guidelines criteria.**

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
- x** ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
 - Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Low back – Lumbar supports; Back brace, post operative (fusion).
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).