

Notice of Independent Review Decision  
**IRO REVIEWER REPORT TEMPLATE – WC**

**DATE OF REVIEW:** 8/6/10

**IRO CASE #:**

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

Medical necessity for spine bone stimulator and a TLSO brace, CPT E0748, L0639, and L1220.

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

The physician providing this review is Board Certified, American Board of Orthopaedic Surgery. He has received honors and awards for his research and is a published writer of professional literature and abstracts as well as contributions to texts books. He has been in private practice since 2001.

**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.

Based upon review of the medical records, there is no justification for the use of a TLSO brace for treatment of chronic back pain. There is no justification for the use of a TLSO brace in light of the fact that the procedure itself has not been approved.

The second issue was for a bone growth stimulator. The bone growth stimulator would not be approved. The procedure itself has not been approved.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records received: 17 page fax on 7/27/2010, 26 page fax, 105 page fax and a 32 page fax on 7/28/2010.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who injured his back while lifting a heavy piece of lumber at work on xx/xx/xx. He was diagnosed with lumbar spinal canal stenosis and an L2 vertebral body fracture. On 09/12/06 he underwent a right sided L4-5 hemilaminectomy.

On 02/11/10 the claimant underwent a posterolateral fusion of L4-5, posterior instrumentation of L4-5, L3 laminectomy, left L4 hemilaminectomy, L5

# The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

laminectomy, partial S1 laminectomy and dural tear repair. Preoperative records noted his denial of smoking or drinking.

At the 03/01/10 postoperative visit the claimant was doing well with minimal low back pain and no radicular leg pain. The note indicated the use of tobacco and intermittent use of alcohol. He was neurologically intact bilaterally. X-rays showed good position of the cages and hardware. There was an anatomic reduction of L4-5 spondylolisthesis. Lortab, avoid heavy lifting, walk as much as possible, a TLSO brace and bone stimulator were recommended, but denied. At the 03/15/10 visit, grade 1-4 lumbar pain was noted. He was neuromuscularly intact. Dr.'s PA documented that the claimant had complex lumbar surgery which the pedicle screws did not have adequate perching approach due to his osteoporosis and thus a TLSO brace was necessary and the bone stimulator would help the fusion process.

At the 04/05/10 visit he was noted to be trying to do as many activities of daily living as tolerated, but was very limited in function due to fear of worsening his recovery and symptoms. He had lumbar pain which was controlled with medications and generalized numbness in the posterior aspect of the thighs. He stood from a seated position in a very guarded motion. Bilateral Achilles reflexes were diminished. documented that the claimant had significant osteoporosis with radiolucency of the screws through the pedicles and it is where there vertebral body was. Lumbar x-rays on 05/10/10 reportedly showed great location of the hardware and intervertebral cage. There was generalized lumbar spondylosis with previously identified L2 vertebral body fracture. There was some generalized osteopenia and early osteoblastic activity along the lateral gutters. The remainder of the bony structures were unremarkable and intact.

Reviews on 06/17/10 and 07/15/10 denied the TLSO brace and bone growth stimulator.

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

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, (i.e. Low Back-Back Brace Post Fusion, Bone Growth Stimulators)

- **Criteria for use for invasive or non-invasive electrical bone growth stimulators:**

Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs.

# The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

- **Back Brace Post 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 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.

## **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 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
- 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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)