AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 7, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

APPEAL TLSO Back Brace

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

This physician is a Board Certified Neurosurgeon with 43 years of experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On xx/xx/xx, the claimant participated in a physical therapy session after 5 previous sessions. He was put on a McKenzie program but showed no progress with the program. He shows no neurological deficits in the lower extremities, with

deep tendon reflexes being symmetrical. P.T. recommended a more aggressive approach of abdominal/lumbar strengthening.

On January 9, 1997, an MRI of the lumbar spine was performed. Impression: 1. Minimal annular bulges centrally at the L4/5 and L5/S1 levels. These are subtle findings not significant by MRI criteria. 2. Possible right-sided pars defect involving L5. Otherwise normal MRI of the lumbar spine as interpreted by M.D.

On May 1, 1997, the claimant began physical therapy of the lumbar spine. He reports episodes of right lower extremity pain into the buttock and hamstring region that is increased with standing and walking. He will be seen 3 times a week for 3 weeks.

On October 29, 1999, an MRI of the lumbar spine was performed. Impression: 1. Large 5 to 6 mm central disk extrusion at L4-5, which causes mild indentation on the ventral aspect of the thecal sac. 2. Disk desiccation with a 3 mm broad-based annular bulge is noted at L5-S1. Annular bulging is more prominent at this level than in 1997, but no lateralizing findings or stenosis is demonstrated at the L5-S1 level. 3. The patient demonstrates what appear to be probable bilateral par defects at L5. No spondylolisthesis is demonstrated as interpreted by M.D.

On January 4, 2000, the claimant underwent a right L4 laminotomy with diskectomy, right sided 4-5 lumbar as performed by M.D.

On February 29, 2000, the claimant attended a post laminectomy physical therapy session. He had complaints of increased pain in the lumbar spine. Lower extremity strength deficits were not detected.

On July 12, 2000, the claimant participated in a functional capacity evaluation. He did not appear to by a symptom magnifier, but did appear to be over-focused on his complaints of lower back pain and hip pain. He was classified in the light PDL level.

On July 13, 2000, D.O. felt that the claimant had reached maximum medical improvement with a 16% whole person impairment.

On February 1, 2001, x-rays of the lumbar spine were performed. Impression: Normal two-view lumbar spine series as interpreted by M.D.

On March 15, 2001, an MRI of the lumbar spine was performed. Impression: Degenerative and post surgical changes as interpreted by M.D.

On March 27, 2001, , M.D, evaluated the claimant. Impression: Lumbar disc disease and spondylolisthesis, grade 1. Dr. prescribed Mobix 7.5 mg #30, Ultram 50 mg #100, Lortab 5 #30 and a referral for an epidural steroid injection.

On March 29, 2001, M.D. performed a fluoroscopically assisted lumbar epidural steroid injection at the L3-4 level.

On June 5, 2001, M.D. performed a peer review on the claimant. The patient's treatment, including surgery, postoperative rehabilitation, and epidural steroid injections, have been causally related to the work injury. He should continue on an independent exercise program and not require further formal physical therapy treatments.

On March 21, 2002, , M.D stated the claimant is able to return to work full duty.

On March 21, 2002, the claimant was re-evaluated by M.D. He had a 3-week complaint of pain involving the right groin, right leg pain, proximal thigh, and low back pain. Dr. prescribed Prednisone for 2 weeks.

On April 30, 2003, M.D. performed a peer review. He can continue with medications, as he needs them, the medications have not been over prescribed. He does not need a fourth MRI of the lumbar spine and he indeed has postoperative lumbar radiculopathy.

On June 4, 2003, an MRI of the lumbar spine was performed. Impression: Post surgical and degenerative changes. No focal neural impingement identified as interpreted by M.D.

On December 23, 2003, a CT of the lumbar spine was performed. Impression: 1. Disk bulges at L4-5 and L5-S1 with no significant central canal stenosis or foraminal encroachment. 2. Bilateral par intra-articularis defects with very minimal anterolisthesis as interpreted by M.D.

On April 24, 2005, x-rays of the lumbar spine were performed. Impression: Bilateral pars defects at L5-S1 without evidence of abnormal translational motion as interpreted by M.D.

On March 20, 2006, an MRI of the lumbar spine was performed. Impression: 1. Postop spine with multilevel spondylitic changes. 2. Congenitally small central canal/thecal sac as interpreted by M.D.

On April 18, 2006, performed an epidural steroid injection.

On June 1, 2006, M.D. performed a Required Medical Examination. He determined that current treatment is clinically justifiable as causally related to the compensable injury. It would be appropriate for him to visit Dr. on a three-monthly basis until his pain either settles or becomes worse. No further diagnostic testing is necessary. Surgery should be a consideration as he does have spondylolisthesis. It would be preferable for him to take over the counter medications rather than narcotics and muscle relaxants. There is no

documentation of pre-existing conditions. The affect injury has no resolved. No physical therapy is indicated.

On May 2, 2007, an MRI of the lumbar spine was performed. Impression: Postoperative change secondary to right laminectomy at L4-L5 disk space noted and suggestion of possible right laminectomy at L5-S1 space as interpreted by M.D.

On June 13, 2007, a CT of the lumbar spine was performed. 1. L4-5: Mild central bulging of the disc noted causing mild encroachment upon the central aspect of the anterior portion of the dural sac. 2. L5-S1: Bilateral pars defects are present. Mild degenerative changes are noted as interpreted by M.D.

On February 8, 2008, M.D. performed a peer review. The current diagnosis is post-laminectomy syndrome with chronic pain. He is likely to remain the way he is now for the remainder of his foreseeable life. Medical care rendered has been reasonable and medically necessary. No further physical therapy is necessary. No further diagnostic testing is necessary. Avocet and Motrin are medically necessary.

On March 11, 2008, M.D. performed an Independent Medical Examination. The current diagnosis is chronic low back pain following traumatic L5 spondylolysis. He is experiencing post laminectomy syndrome. His pain from degenerative disk disease will most likely always be present. He is able to work full time at his regular job without any incapacity.

On January 7, 2009, M.D. performed a lumbar epidural steroid injection.

On April 24, 2009, an MRI of the lumbar spine was performed. Impression: Degenerative disk disease with mild neural foraminal stenosis at L4-L5 and L5-S1. No spinal stenosis is demonstrated. No abnormal post contrast enhancement is demonstrated as interpreted by M.D.

On April 24, 2009, x-rays of the lumbar spine were performed. Impression: 1. Findings suggesting development of bilateral pars defects at L5 since exam on April 24, 2005, however, no subluxation of L5 on S1 noted as interpreted by M.D.

On April 20, 2010, a CT of the lumbar spine was performed. Impression: L3-L4: Mild broad based bulging of the disk noted causing mild encroachment upon the anterior dural sac. L4-5: Asymmetrical bulging of the disk is noted causing mild encroachment upon the neural foramina and anterior aspect of the dural sac. L5-S1: Mild to moderate central bulging of the disk noted causing mild to moderate encroachment upon the anterior aspect of the dural sac as interpreted by M.D.

On July 13, 2010, M.D. performed a L4-L5 epidural steroid injection.

On August 23, 2010, the claimant presented to the emergency department at Medical Center with complaints of chronic back pain. He was prescribed Lortab and Soma.

On September 30, 2010, M.D., an orthopedic surgeon, performed a utilization review on the claimant. Rationale for denial: The provider is seeking authorization for a Lumbar laminectomy with fusion and instrumentation at L4-5 and L5-S1. The clinical records submitted were review upon the request for the Purchase of a TLSO Back Brace. There is no documentation of a pending surgery (given the non-certification of an associated surgical request), based on these grounds; the medical necessity of this requested service has not been substantiated. Therefore it is not certified.

On October 6, 2010, D.O., a Neurosurgeon, performed a utilization review on the claimant. Rationale for denial: There was no documentation of the aforementioned surgery has been approved. Submitted records did not provide adequate objective evidence of failure with conservative care such as sufficient PT visits and a psychosocial screen addressing confounding issues to justify the requested surgery. There was no documentation of clearly defined treatment goals with use of TLSO back brace, as well as plans to use the proposed DME in facilitating a functionally directed rehabilitation program. Therefore it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, the claimant sustained an injury to the lumbar spine when he was carrying a plate of steel when his foot got caught between other pieces of steel on the floor, causing him to trip and fall with a piece of steel landing on him.

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

The previous decisions are upheld due to lack of evidence of instability of the lumbar spine, no surgical intervention is scheduled, and inconsistent evidence of spondylolisthesis. Per the ODG Guidelines a TLSO Back Brace is not medically necessary or reasonable.

Per the ODG:

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) An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment, found an improvement in physical restoration compared to control and decreased pharmacologic consumption. (Calmels, 2009) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) See also Back brace, post operative (fusion).

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)**