

# MATUTECH, INC.

PO BOX 310069  
NEW BRAUNFELS, TX 78131  
PHONE: 800-929-9078  
FAX: 800-570-9544

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## Notice of Independent Review Decision

**DATE OF REVIEW:** June 24, 2010

**IRO CASE #:**

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

Purchase of lumbosacral orthosis (LSO) back brace and TENS unit

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners.

**REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**M.D.**

- Office visits (04/05/10 - 05/24/10)
- Diagnostic (04/15/10)

**XXXX**

- Therapy (04/28/10)
- Utilization reviews (05/14/10 – 06/03/10)

**XXXX**

- Office visits (05/10/10)
- Therapy (04/05/10 - 05/07/10)
- Diagnostic (04/15/10)
- PLN-11 (05/26/10)
- Utilization reviews (05/14/10 – 06/03/10)

**XXXX**

- Utilization reviews (05/14/10 – 06/03/10)

**XXXX**

- Utilization reviews (05/14/10 – 06/03/10)

**ODG have been utilized for the denials.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who injured his low back and neck when he was thrown from a horse on xx/xx/xx.

On xxxxx, , D.C., noted complaints of constant low back and neck pain. Examination revealed minimal pain with flexion, extension, bilateral bending and rotation of the lumbar spine. McKenzie mechanical evaluation identified a possible lumbar disc lesion. Dr. assessed lumbar sprain/strain, cervical sprain/strain and lumbar disc displacement. He treated the patient with 17 sessions of physical therapy (PT) consisting of manual therapy, ultrasound, electrical muscle stimulation (EMS), therapeutic exercises and aquatic spine stabilization program.

On April 15, 2010, magnetic resonance imaging (MRI) of the lumbar spine revealed disc space narrowing and chronic changes at L3-L4, L4-L5 and L5-S1; loss of height and endplate sclerosis with Modic type II changes at the endplates of L3-L4 and L4-L5; bilateral foraminal stenosis at L4-L5 and hypertrophic changes in the facet joints at L3-L4 and L4-L5.

M.D., noted tenderness in the lumbar paraspinal muscles off midline bilaterally in a symmetrical distribution, mild restricted range of motion (ROM) of the lumbar spine and tenderness over the coccyx. Drug screen was negative. Dr. assessed degeneration of lumbar or lumbosacral intervertebral disc and coccygodynia, prescribed Naprosyn and Vicodin and recommended a lumbar caudal injection.

In May, Dr. noted the patient was not able to get off ASA/Plavix for one week secondary to cardiac stents; therefore, she would not proceed with the injections. She prescribed donut cushion and recommended continuing conservative treatment with medications and PT.

A request was made for purchase of lumbosacral orthotic (LSO) brace and transcutaneous electrical nerve stimulation (TENS) unit.

On May 13, 2010, the request for purchase of LSO brace and TENS unit was denied with the following rationale: *“The claimant was injured when bucked from a horse. Request is for LSO brace and TENS unit. LOV shows injured worker with positive Lasegue’s and slump test, flexion and standing test positive for pain, ROM decreased minimally, tenderness to palpation over the paraspinal muscles. There is no evidence of any other ongoing rehabilitation program such as home exercise program (HEP). The Official Disability Guidelines (ODG) does not support the use of an LSO for back pain and therefore it is denied. The ODG only supports TENS as a 30-day intervention along with a program of rehabilitation. Therefore the request for purchase is denied.”*

An appeal for LSO back brace and TENS unit was denied on June 3, 2010, with the following rationale: *“The claimant is a 58-year-old male employee of the State Office of Risk Management. He is employed as a correctional officer. He apparently remains off work. The mechanism of trauma involved the following: “a horse bucked him off; he landed on his side and buttocks. The claimant is now eight weeks status post trauma. Prior diagnostics included an MRI which was remarkable for degenerative changes primarily. Prior care has included 10 sessions of PT and prescription medications. The claimant was most recently seen by Dr. Pruski on May 7, 2010. Objectively, the examiner*

*noted provocative orthopedic testing, restricted ROM and paraspinal tenderness. The doctor also submitted a letter of medical necessity dated May 14, 2010. The letter references two sources that support the use of a back brace and low back pain. The request for purchase of an LSO brace does not appear to be supported by the evidence-based medicine, specifically the ODG. Short-term use may be beneficial. Indefinite use is not supported. The claimant does not appear to meet the criteria referenced above. The request is denied.”*

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

The injured employee presented for initial treatment with Dr. on 04/05/10. Physical therapy was provided in the form of passive and active therapy. The injured employee did not appear to remarkably benefit from the therapy and a lumbar spine MRI was obtained. The MRI reported degenerative spinal disease at multiple levels. There were no acute findings reported. The injured worker reports his pain level is an 8 on virtually every visit despite the passive modalities and activity based therapy. In addition, the injured employee is taking Vicodin and Naprosyn. Based on ODG, the requirement for an LSO brace is not established with the documentation provided. There is no evidence of instability, compression fracture, or post-operative treatment. The TENS unit is not recommended by ODG because there is strong evidence that TENS is not more effective than placebo or sham.

**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**
  
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**