

SENT VIA EMAIL OR FAX ON  
Sep/22/2010

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/20/2010

**IRO CASE #:**

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

TLSO back brace, post-lumbar spinal fusion

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

Board Certified 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

08/12/10, 08/19/10, 08/23/10

Dr. 06/03/10, 07/26/10, 08/16/10

CT/myelogram 06/23/10, 06/14/08

MRI 06/09, 06/27/08, 09/23/08, 12/18/08

Peer Review MRI 08/11/10, 08/23/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male injured on xx/xx/xx when he slipped in the mud. He had back and right leg pain with a subsequent right L5-S1 laminectomy in 02/09. Following surgery, the patient had persistence of the low back and right leg pain. Treatment included hydrocodone, Robaxin and epidural steroid injections at some point.

On 06/03/10, Dr. evaluated the patient for ongoing severe mechanical back pain and right leg pain. The examination documented decreased motion in all planes and right leg pain with flexion. There was paralumbar tightness, loss of lordosis and an antalgic gait. Reflexes were trace at the knees and left ankle but absent in the right ankle. Straight leg raise was positive on the right at 30-45 degrees and on the left at 45-60 degrees. The claimant had decreased sensation of the right S1 including the lateral right foot with weakness of the right foot and great toe flexion

The 06/23/10 myelogram showed narrowing at L5-S1 with a central defect. The CT of the lumbar spine documented no abnormality T12-L4. At L4-5 and L5-S1 there was no clear evidence of a disc or central stenosis. He had mild disc space narrowing at L5-S1. There was no motion on flexion, extension or lateral views.

The claimant returned to Dr. on 07/26/10. Dr. reviewed the CT myelogram and felt it showed narrowing at L5-S1 with a central defect. Based on the severe mechanical back pain due to diskopathy and radiculopathy, Dr. recommended posterior decompression and fusion at L5-S1. A postoperative back brace was also requested. Surgery was denied on two peer reviews.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

A postoperative back brace cannot be recommended in this case. The request for surgery does not meet recommended guidelines for medical necessity. As such, there is no indication to support this request for a brace in the postoperative period.

#### **Official Disability Guidelines 2010 Back-Back Brace postoperative 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. (<C:\Documents and Settings\egaitan\Local Settings\Temp\XPqrpwise\ \ Resnick4>)

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

- ACOEM-AMERICA 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)