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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
LSO Sagcoronal panel custom

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Workers' Comp Services, 11/22/10, 12/1/10
Official Disability Guidelines – Treatment for Workers' Compensation, Chapter: Low Back
Initial Diagnostic Screening, Individual Psychotherapy: 02/04/10
Lumbar Myelogram and post CT scan: 04/19/10
Operative Report: 10/29/09, 07/28/10
Dr. Transforaminal ESI right L5-S1 and S1: 01/20/10
MRI lumbar spine: 05/21/09, 02/10/10, 10/12/10
Dr. : Lumbar sympathetic Chain Block Right: 03/11/10
Dr., Office notes: 04/08/10
Dr., office notes: 12/29/09, 02/16/10, 03/30/10, 08/17/10, 09/28/10, 10/18/10, 10/19/10
Dr., Peer Review: 11/22/10, 12/01/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who sustained a work related injury to his low back on xx/xx/xx from lifting. The claimant underwent a L3-S1 laminectomy, discectomy and spinal fusion on 10/29/09. Postoperatively the claimant did not do well and underwent a revision of his spinal fusion. The claimant was getting out of bed in September 2010 when he felt a big pop in his back and had pain about the waist of his body radiating to both legs with weakness in his left lower extremity. X-rays, taken in Dr. office on 09/28/10 showed that the EBI transmitting electrode had moved in position since last x-rays (08/17/10) and was now midline. Dr. reviewed the 10/12/10 MRI on 10/18/10 and noted a rudimentary disc at S1-S2. At the L4 transition level the pedicle screws and interbody cages were in good position. There was a displacement of the posterior cage on both left and right sides at L3-4. The left side was

worse measuring 5.5 millimeters and the right side measured 3 millimeters. There was a possible endplate fracture at L3-4 allowing the displacement. Dr. recommended a custom lumbosacral brace with rigid front and back as opposed to putting him in a cast postoperatively. A peer review, on 11/22/10, noncertified the brace because the appropriateness and the medical necessity of it were not established. A second peer review dated 12/01/10 also noncertified the brace, as the clinical information obtained did not establish the medical necessity, clinical utility and anticipated potential benefits of the brace.

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

Review of the records provided support the patient is a gentleman who reportedly had postlaminectomy syndrome, low back pain, radicular irritation who reported lifting injury xx/xx/xx, underwent decompression surgery L3-4, L4-5, L5-S1 with fusion at L3-4, L4-5, and L5-S1. Post-op he was treated with epidural steroid injections. The patient evidently underwent revision surgery with Dr. on 08/28/10. Post-op he saw Dr. and complained of numbness and tingling of the left leg -- worse than before surgery, but with resolution of pain in the right leg. X-rays showed hardware well-placed. There was no motion on flexion/extension views. There was a recommendation to wait six months to see how he healed. He followed up with Dr. who noted that the transmitting electrode had moved on 09/28/10. MRI with contrast showed post-op changes, essential fluid collection at L4-5, L5-S1, posterior hardware was placed. They questioned mild discitis at L4-5 and there was fluid around the nerve roots. Dr. reviewed the MRI and felt there was displacement of the posterior cage on the right and left side with bulging and possible end plate fracture which was allowing the displacement. They ordered a brace to support it to the fracture. Pain and hardware displacement 10/19/10. This was non-certified.

Given the reports of possible fracture, status post multilevel decompression and fusion with reports of pain, ODG clearly states that a standard brace would be preferred over a custom post-op brace. According to ODG, the use of back braces for post-operative fusion are *"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."* Therefore, based solely on review of the records, evidence based medicine and ODG guidelines, this reviewer agrees with the previous peer reviewers that the requested LSO Sagcoronal panel custom is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back:
Back brace, post operative (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. (Resnick, 2005)

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

[X] 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

[ ] 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)