

# 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

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## Notice of Independent Review Decision

~Amended~

**DATE OF REVIEW: 5/25/2011**

**IRO CASE #:**

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

Post Operative Lumbar Brace

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. He has been in practice since 1998 and is licensed in Texas, Oklahoma, Minnesota and South Dakota.

### **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.

Upon independent review, the reviewer finds the previous adverse determination should be overturned.

*Official Disability Guidelines* allows for optional use of lumbar supports for postoperative treatment.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a patient with a date of birth of xx/xx/xx who apparently sustained an injury getting out of his truck landing hard on his left foot with immediate onset of pain in his left back, buttock, leg, and groin. Date of injury was xx/xx/xx. He has had a workup including physical examination, EMG, and MRI findings. The EMG is reported to show chronic L4 and L5 radiculopathies. MRI is consistent with L3 and L4-5 moderate-to-severe bilateral neural foraminal narrowing with moderate central canal stenosis. There is also a large left posterolateral disk protrusion at L3-4 causing left lateral recess stenosis.

The patient has had physical therapy under the direction of Dr., however, failed to receive any pain relief from this. He has not had epidural steroid injections; though, they have apparently been requested in the past.

The pain complaints as described by the patient to Dr. involve left leg pain, which based on description would follow the L4 and/or L5 distribution. Physical exam clearly documents weakness of the left EHL and tibialis anterior. There are paresthesias in the left L4 distribution. Otherwise, normal physical exam findings have been noted

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

Upon independent review, the reviewer finds that the previous adverse determination should be overturned.

Based on ODG guidelines, lumbar supports are recommended as an option for postoperative treatment. As such, I feel that the previous determination should be overturned and the postoperative lumbar brace should be certified

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

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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

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- 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)