

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

TLSO brace, bone growth stimulator

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

M.D., Board Certified Orthopedic Surgeon
Board Certified Spine 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

Official Disability Guidelines, Low Back Chapter
The 1/14/11, 12/9/10
Neck Institute 2/11/08 to 1/3/11
Hospital 2/25/09 to 11/2/10
Medical Center 8/21/10
Imaging Center 4/17/08 to 3/8/10
Imaging 8/2/07
Medical Center 11/1/10 to 11/2/10

PATIENT CLINICAL HISTORY SUMMARY

This is a patient who underwent a lumbosacral fusion at L5/S1 with decompression laminectomy above on 11/02/10, three months ago. The patient does not smoke or drink, does not have diabetes, has not had a previous operation, and apparently has done well post surgery. Current request is for TLSO brace and a bone growth stimulator due to paucity of bone graft noted in the gutters.

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

The benefit of bracing has long been controversial. In fact, there are studies to indicate that the use of a lumbosacral corset places increased stress at the lumbosacral junction rather than reducing it, and that it can actually aggravate the situation in certain instances. Given that this patient has pedicle screws in place, the bracing within is clearly superior to any bracing without, and the ODG Guidelines do not recommend bracing given the lack of evidence showing that it improves the rate of fusion. As far as the bone growth stimulator is concerned, the patient does not have previous failed fusion and does not have a high-grade

spondylolisthesis, did not have multiple level fusions, does not smoke, does not use tobacco products, and does not have diabetes or osteoporosis, nor alcoholism. The ODG guidelines are not satisfied. The reviewer finds no medical necessity for TLSO brace, bone growth stimulator.

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)