

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: November 16, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar-Sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra.

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

Board Certified Orthopedic Surgeon with over 40 years experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

03-08-2010: MRI Lumbar spine at Imaging, read by M.D. F.A.C.C.

11-05-2010: Evaluation for Maximum Medical Improvement

01-20-2011: Neurosurgery Consultation with MD

05-02-2011: EMG/NCV by M.D. at Healthcare System

07-11-2011 thru 09-12-2011: Four follow up visit at HealthCare Systems

07-22-2011: Consultation with Dr. DO at Surgical Practices

09-22-2011: Consultation with D.O. at Spine and Pain Center

09-22-2011: Laboratory Report on profile – Oral Fluids

09-27-2011: Utilization Review by D.O., Medical Cost Management Services.

10-10-2011: Letter of Reconsideration by D.O. at Spine and Pain Center

10-13-2011: Follow up visit with D.O.

10-26-2011: Utilization Review by MD with MRIoA,

PATIENT CLINICAL HISTORY:

Claimant is a gentleman who was injured while working for when he picked up a box and had a sharp acute pain in the right side of his low back extending down his right leg. Claimant has had previous epidural steroid injections over one year ago with partial benefit following the second injection, but the series was not completed. Dr. feels that he is not a surgical candidate. Claimant is currently on medication for pain, uses a TENS unit regularly, heating pack and has been through 6 sessions of physical therapy.

03-08-2010: MRI Lumbar spine at Imaging, read by, M.D. F.A.C.C. Impression: L3-4 with an annular disc bulge that flattens the thecal sac without focal disc herniation or foraminal narrowing. L4-5 has a 3.0mm disc bulge that flattens the thecal sac.

11-05-2010: Evaluation for Maximum Medical Improvement. Evaluation: The lumbar spine has tenderness on palpation and muscle spasm noted between L1-L4. Claimant has limited range of motion in all planes secondary to pain. Straight leg raise on the right and left is positive. Claimant does not report pain radiating down back of his legs or into foot. Functionally claimant can ambulate normally. Diagnosis: Chronic lumbar strain, two-level disc bulges at L3-4, L4-5, and depressed mood. MMI: Claimant has reached maximum medical improvement

for the lumbar pain that started on 12-10-2009. Impairment Rating: Claimant qualifies for DRE lumbosacral Category II, minor impairment.

01-20-2011: Neurosurgery Consultation with MD. Claimant reports low back pain with bilateral leg pain and numbness. Pain is worse when sitting, standing and is relieved by lying.

05-02-2011: EMG/NCV by M.D. at Healthcare System. Impression: Electrodiagnostic study showed some evidence of a right chronic L5 radiculopathy. No polyneuropathy or plexopathy was found

07-11-2011 thru 09-12-2011: Four follow up visit at HealthCare Systems

07-22-2011: Consultation with Dr. DO at Surgical Practices of. Dr. reported that the claimant's symptoms are muscular with no objective evidence of significant radiculopathy on his examination. It was noted claimant worsening of symptoms is due to guarding and developed pain behavior and not from involvement of neural elements. No surgical intervention is recommended.

09-22-2011: Consultation with D.O. at Spine and Pain Center of. Assessment: Chronic right lower extremity radiculopathy and a L5 distribution, lumbar disc displacement, and chronic pain syndrome. Plan: Lumbar epidural steroid injection at L4-5, therapeutic lumbar bracing to use during his work activities, and proceed with lumbar TFESI

09-22-2011: Laboratory Report, Oral fluids where test and results are consistent with prescribed drug.

09-27-2011: Utilization Review by D.O., Medical Cost Management Services. Rational for Denial: Per ODG: It is not recommended for prevention, it is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability or postoperative treatment. Therefore it is not a medical necessity.

10-10-2011: Letter of Reconsideration by D.O. at Spine and Pain Center . Claimant was treated in the past with lumbar epidural steroid injections targeting herniated levels, one year ago, and did well.

10-13-2011: Follow up visit with D.O. No changes since last office visit. Claimant again reports low back pain that radiates down his right leg.

10-26-2011: Utilization Review by MD with MRloA, Medical Review Institute of America, Inc. Rational for Denial: Medical necessity is not established with application of ODG. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain.

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

The prior decision is up upheld. Per the ODG, it is not recommend in preventing or treating back pain with a back brace. Recommended in specific treatment of spondylolisthesis, instability, post-operative treatment or compression fractures.

PER ODG:

Not recommended for prevention. Recommended as an option for treatment. See below for indications.

Prevention: Not recommended for prevention. 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](#)) 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](#)) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. ([van Duijvenbode, 2008](#))

Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment, and for treatment of nonspecific LBP. Among home care 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. ([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](#)) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. ([Roelofs, 2010](#)) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. ([van Duijvenbode, 2008](#)) 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
- 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)