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Notice of Independent Review Decision

DATE OF REVIEW: September 12, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Lumbar corset back brace L0631

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office visits (07/25/11)
- Utilization reviews (08/09/11 – 08/15/11)

TDI

- Utilization reviews (08/09/11 – 08/15/11)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who alleges an injury to her back as the result of bending over to pick a on xx/xx/xx.

In July, she was seen in a follow-up by, M.D., who had diagnosed her previously with displacement of lumbar intervertebral disc without myelopathy. She had undergone epidural steroid injection (ESI) with much improvement. However, she did complain of cramps down her right leg down to her foot with some tingling and pain in the tailbone. Symptoms were worse with walking, kneeling or bending. Examination revealed pain in the right knee with mild swelling. Dr. diagnosed osteoarthritis of the lower leg, recommended physical therapy (PT) on

her own at home for the next three weeks, walking program and water program and stated that she was unable to work. He also gave her prescription for a back brace.

On August 9, 2011, M.D., reported the patient had undergone a series of three ESI's with much relief.

On August 12, 2011, the request for lumbar corset back brace was denied. Rationale: *"The patient does not have any spine fracture or spine surgery or spine instability noted. The ODG does not support the use of this DME without these prior conditions. Thus the request is not approved."*

On August 18, 2011, the reconsideration request for the lumbar corset back brace was denied with the following rationale: *"Per ODG for low back updated August 4, 2011, lumbar brace is indicated for compression fracture, spondylolisthesis or documented instability which is not the case here."*

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

The two reviewers have appropriately identified a lack of indication for the use of a lumbar corset, per ODG criteria.

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 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:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**