

# IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/06/2012

**IRO CASE #:**

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

Custom fit Thoracolumbosacral Orthosis Back Brace, one Thoracolumbosacral Orthosis Rigid Frame Pre Subclav Lumbar and one Anterior Thoracic Extension

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

Pain Medicine

**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 medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Office notes Medical Center 07/30/10-05/10/12 (various providers)

MRI lumbar spine 01/26/12

MRI brain without contrast 01/26/12

Authorization request

Notification or reconsideration determination 06/19/12

Notification of adverse determination 05/02/12

Appeal request 06/21/12

Prescription thoracic support belt 04/12/12

Initial evaluation, follow-up and EMG/NCV Dr. 10/10/11 and 12/09/11

Designated doctor's evaluation Dr. 02/08/11 and 10/05/11

MRI thoracic spine 08/13/11

Neurosurgery clinic notes Dr. 09/22/10

Neurosurgery progress notes Dr. 06/30/10

Neurosurgery admit Dr. 06/29/10

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male whose date of injury is xx/x/xx. Records indicate that a dump truck tailgate fell on his head resulting in burst fracture of T4-5. The claimant was hospitalized and

had surgery with fusion T2-6 on 07/09/10. Per designated doctor's evaluation on 02/08/11 the claimant was determined to have reached maximum medical improvement with 8% whole person impairment. Records indicate the claimant continued to experience pain to upper back and left thigh. The claimant was also noted to continue to have vertigo. The claimant was seen on 05/10/12 and low back is still hurting. He was to be fitted for back brace. He has not yet had vestibular therapy. He is taking Hydrocodone, Tramadol, Flexeril, and Ibuprofen. A preauthorization request for TLSO back brace was reviewed on 05/02/12 and request was Non-certified as medically necessary. The reviewer noted that no medical reports documenting subjective and objective findings were made available for review. Diagnoses include closed fracture dorsal (thoracic) vertebra, pathologic fracture vertebrae, and other postsurgical status. Treatment to date is unknown. However, despite documentation of diagnoses of fracture of vertebrae and post-surgical status, there is no (clear) documentation of subjective/objective findings and/or operative report and imaging reports consistent with these diagnoses. Therefore medical necessity of the request has not been substantiated.

A reconsideration/appeal request for custom fit TLSO back brace/one TLSO rigid frame pre sub clav lumbar, one anterior thoracic extension was reviewed on 06/19/12 and the request again was non-certified as medically necessary. It was noted that the claimant underwent T2, T3, T5 and T6 pedicle screw placement with placement of Osteotech bone substitute to promote posterior fusion from T2 through T6 performed 07/09/10. Instrumented fusion at T2-T6 was done. The claimant has received two epidural steroid injections with no lasting relief per medical report dated 02/10/12. He also had two thoracic epidural steroid injections with one hour of relief per medical report dated 06/17/11. The claimant has completed six physical therapy sessions per medical report dated 01/09/12 and referral form dated 03/08/12. Medical record dated 03/08/12 disclosed physical examination findings of tenderness over the upper thoracic and lumbar spine. The progress report dated 04/09/12 showed normal physical examination findings. The medical record dated 05/10/12 states that the claimant complains of low back pain. There are no clinical findings noted in the most recent medical report dated 05/10/12. It was noted that the initial request was non-certified due to lack of subjective and objective findings submitted for medical review, operative reports, and imaging reports to support the diagnosis given. The requesting provider was unable to update the medical records reviewed to fully address the above issues. The records submitted for review still did not contain a comprehensive account of the claimant's updated physical examination with functional deficits to be addressed by the requested DME. Per reference guideline, lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability or post-operative treatment, and for treatment of non-specific low back pain. The claimant is a few years post thoracic fractures and status post thoracic fusion T2-T6 in 2010. Thus the non-certification of this request is upheld.

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

Based on the clinical information provided, the requested DME custom fit TLSO back brace, one TLSO rigid frame pre sub clav lumbar, and one anterior thoracic extension is/is not indicated as medically necessary. The claimant is noted to have sustained an injury resulting in T4 and T5 burst fractures. He is status post T2-T6 instrumented fusion performed 07/09/10. Despite treatment including two lumbar epidural steroid injections and two thoracic epidural steroid injections, physical therapy, and activity modification, and medications the claimant continued to complain of back pain and left lower extremity numbness. The most recent detailed physical examination was from 11/07/11. At that time neurologic exam reported equal reflexes; sensory intact to light touch distally; motor 5/5. Musculoskeletal examination reported lumbar no point tenderness; no spinous tenderness; antalgic gait favoring left leg; walks with aid of a cane. MRI of the thoracic spine on 08/13/11 revealed post-operative changes with chronic T4 compression fracture and chronic T5 superior endplate fracture. There was no evidence of hardware failure. MRI of the lumbar spine on 01/26/12 revealed scoliosis of the lumbar spine with convexity to the left; mild multilevel

degenerative spondylosis with no focal disc herniation or substantial acquired central spinal canal stenosis present. Per Official Disability Guidelines, lumbar supports may be an option for compression fractures and specific treatment of spondylolisthesis, documented instability or post-operative treatment, and for treatment of non-specific low back pain. The claimant in this case is more than two years post T2-T6 instrumented fusion. There is no evidence of instability or spondylolisthesis at any level. Given the current clinical data, medical necessity is not established for the proposed DME.

**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)