

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/09/2012

**IRO CASE #:**

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

L0637 Post-Op DME Purchase: Trimod Back Brace

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

M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

**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  
Preauthorization review adverse determination 12/23/11  
Preauthorization review reconsideration request adverse determination 01/10/12  
Office notes Dr. 08/13/10-10/28/11  
MRI lumbar spine 12/13/11, 12/30/10, 04/12/10  
MRI cervical spine 04/12/10  
MRI right shoulder 04/12/10  
EMG/NCV lower extremities 07/19/11, 06/30/10  
Presurgical psychological evaluation 11/03/11  
Lumbar spine x-rays 09/08/10, 01/17/11, and 10/28/11  
Procedure note caudal epidural steroid injection 01/17/11 and 04/28/10  
Operative report microscopic lumbar discectomy, facetectomy, neural foraminotomy L5-S1 on left 12/01/10  
Initial evaluation and follow-up notes Dr. 04/09/12-02/16/12  
X-rays cervical spine 07/21/11, 09/16/11, 12/01/11  
AR Claims Management Independent Review Organization Summary 02/23/12  
Notice of disputed issues and refusal to pay benefits 06/25/10  
Peer review Dr. 06/05/10  
History and physical Dr. 05/07/10  
Operative report right shoulder arthroscopy 07/16/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who injured his low back on xx/xx/xx. He was moving a bail of sugar and felt sharp pain in his low back. He experienced left leg pain starting the next day. He subsequently underwent left L5-S1 microscopic discectomy performed 12/01/10. The claimant continued to complain of severe back pain and left leg pain. MRI of the lumbar spine on 12/13/11 revealed post-op changes L5-S1 with small posterior protruded disc and enhancing scar tissue causing some encroachment of the left neural foramen. There is a small HNP at L4-5. EMG/NCV performed 07/19/11 reported right-sided S1 radiculitis, cannot

be completely ruled out. Physical examination on 10/28/11 reported antalgic gait favoring the left lower extremity. The claimant ambulates with a cane. He has difficulty toe walking due to weakness in the left lower extremity. Lumbar spine exam noted well-healed incision. There was pain with forward flexion to around 20 or 30 degrees, severe leg pain with extension and left side bending. Neurologic exam noted positive supine straight leg raise and positive indirect straight leg raise. Sensation to light touch remained decreased along the gastroc soleus area and lateral shin on the left. There was intact sensation to light touch on the right. Deep tendon reflexes were +2 patella bilaterally and absent Achilles bilaterally. There was also decreased sensory along the lateral aspect of the left foot. There was negative ankle clonus and negative Babinski. Musculoskeletal exam noted 5/5 motor strength except 4/5 gastroc soleus weakness on the left. The claimant was noted to have failed extensive conservative treatment after surgery including physical therapy, medications and injections. The claimant was recommended to undergo posterior transforaminal interbody fusion at the L5-S1 level. A pre-authorization request for lumbar fusion surgery was deemed not medically appropriate and therefore no need for post-op durable medical equipment. An appeal request was reviewed on 01/10/12 and request for transforaminal interbody fusion at L5-S1 was deemed not medically necessary. Therefore there is no necessity for post-op DME.

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

Based on the clinical information provided, medical necessity is not established for L0637 Post-Op DME Purchase: Trimod Back Brace. The claimant sustained an injury to the low back on 04/02/10. After undergoing conservative treatment, microdiscectomy was performed on the left at L5-S1 on 12/01/10. The claimant continued to complain of severe back and left leg pain. Repeat MRI performed 12/13/11 revealed post-operative changes at L5-S1 with a small posterior protruded disc and enhancing scar tissue causing some encroachment of the left neural foramen. There is no documentation of lumbar spine x-rays with flexion extension views demonstrating instability of the lumbar spine. Per Official Disability Guidelines, lumbar fusion may be considered after failure of two discectomies at the same level; however, the claimant in this case has had only one previous surgical intervention. Given the lack of motion segment instability at the L5-S1 level, the surgery is unnecessary, and therefore the reviewer finds that the L0637 Post-Op DME Purchase: Trimod Back Brace is not medically necessary.

#### **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)