

AccuReview

An Independent Review Organization
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Notice of Independent Review Decision

[Date notice sent to all parties]: September 24, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Post-Op Lumbar TLSO Back Brace L0464

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

This physician is Board Certified in Neurology with over 34 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

04-04-12: MRI Lumbar Spine WO Contrast Imaging Report
04-04-12: MRI HE-Sinuses Limited Imaging Report
04-26-12: Office Visit Report dictated
04-30-12: Preauthorization Request
05-08-12: Operative Report
05-24-12: Office Note
06-19-12: Office Note

07-13-12: Operative Report
07-13-12: CT Lumbar Myelogram Radiology Report
07-13-12: Lumbar Myelogram Radiology Report
07-23-12: Office Note
07-31-12: UR
08-17-12: UR
08-23-12: Office note

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who while working was injured. He was lifting a sixty-eight pound bucket of nuts and bolts and had a sudden onset of severe lumbosacral pain with radicular pain into the left hip and buttock area and down the lateral aspect of the left leg into the foot.

04-04-12: MRI of the Lumbar Spine without contrast Imaging Report. Findings: There is questionable pars defect involving the right L5 pars. Left L5 pars are intact. There is a posterior central and left paramedian disk extrusion at L4-5 with effacement of the left lateral recess and a slight superior extension of the extruded disk. There is likely extension of the extruded disk into region of the left neural foramen with slight neural foraminal encroachment. Minimal disk bulge is present at L3-4. Impression: Disk Extrusion at L4-5.

04-26-12: Office Visit. After sustaining a work related injury, the claimant has been on light duty and underwent a course of Prednisone and a muscle relaxant; he has had no right leg pain. The pain is exacerbated by walking, standing, and activities. The claimant reports no improvement. He has been taking Tylenol and ibuprofen. Physical examination: The claimant has total loss of lumbar lordosis. He walks with a flexed posture at the low back. There is diminished mobility of the low back in all directions. He has a left antalgic gait. There is tenderness over the left sciatic outlet. Flexion of the low back reproduces pain down the left leg. Straight leg raising is negative on the right, but is positive on the left at 45 degrees. Deep tendon reflexes are 1+ in the knees and right ankle and trace in the left ankle. There is a little weakness of dorsiflexion of the left foot and great toe and decreased sensation in the distal L5 dermatome across the dorsum of the foot. The claimant has a rather severe left L5 radiculopathy secondary to left L4-5 extruded disk. A left L4-5 Depo-Medrol injection will be requested.

05-08-12: Operative Report. Claimant presented with severe low back pain and bilateral radiating hip and leg pain secondary to L4-5 disk disease. He has failed to improve with conservative measures. Depo-Medrol injection was given under fluoroscopy.

05-24-12: Office Note. The claimant had good results from a L4-5 epidural Depo-Medrol injection given two and a half weeks prior. He is working. The claimant still has fairly severe lumbosacral pain with bilateral hip and leg pain. No differences noted on physical examination. Prescription given for Motrin 800 mg BID.

06-19-12: Office Note. The claimant continues to have severe lumbosacral pain with bilateral radiating hip and leg pain. He walks with flexed posture at the low back. Straight leg raising is positive bilaterally at around 30 degrees. He has developed some weakness of bilateral foot and great toe dorsiflexion. He did receive some help from ESI but now is having quite a bit more pain. It has been months since his injury and he is getting worse in regards to his pain and neurologic deficit. The Motrin gives him a little benefit. I suspect he has extruded more of his disk. Recommendations: lumbar myelogram, CT scan for probable pre-operative planning.

07-13-12: Operative Report. Under fluoroscopy, 16 ml of Omnipaque 300 placed. Noted large central defects at L3-4 and L4-5 with a large left L4-L5 herniated disk.

07-13-12: CT Lumbar Myelogram Radiology Report dictated. Findings: There is mild multilevel disk space narrowing. There is mild disk bulges at L3-L4 and L4-L5. There is a pars defect on the right at L5-S1. Bilateral neural foraminal narrowing at L3-L4 and L4-L5. Impression: Degenerative disk disease and lumbar spondylosis as described above.

07-13-12: Lumbar Myelogram Radiology Report. Impression: Degenerative disk disease without spinal stenosis. There is prominent neural foraminal narrowing on the left at L4-L5.

07-23-12: Office Note. The claimant presented with bilateral radiating hip and leg pain. He walks with a flexed posture to the low back. Straight leg raising is positive at less than 45 degrees. He has developed weakness of bilateral foot and great toe dorsiflexion. He takes Motrin and hydrocodone 7.5 mg will be added. He is unable to work and is basically incapacitated because of the pain. ESI offered, but claimant states that he is having too much pain in the low back, very mechanical in nature, with radicular leg pain and increasing neurological deficit. Claimant wants to proceed with surgery, which will be a posterior L4-5 decompression, fusion, and instrumentation.

07-31-12: UR. Reason for denial: ODG identifies that back braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. However, there is no documentation of pending surgery, given the non-certification of an associated surgical request. Recommend non-certification.

08-17-12: UR. Reason for denial: As per medical report dated 7/23/12, claimant complains of back pain that radiates to hip and legs. He walks with a flexed posture to the low back. Straight leg raise is positive at less than 45 degrees. He has developed weakness of bilateral foot and great toe dorsiflexion. This is a request for APEAL Post-Op Lumbar TLSO Back Brace. ODG identifies that back braces are recommended as an option for compression fractures and specific

treatment of spondylolisthesis, documented instability, or post-operative treatment. However, there is no documentation of pending surgery, given the non-certification of an associated surgical request. Recommended non-certification. ODG Low Back (updated 06/29/12) Back brace, post operative (fusion). Determination: Based on the clinical information submitted for this review and using evidence-based, peer-reviewed guidelines referenced above, the request for Post-Op Lumbar TLSO Back Brace L0464 is not certified.

08-23-12: Office note. Dr. stated that for unknown reasons workers' comp denied surgery, even though the claimant has severe two-level disease, particularly at L4-5, with a large bilateral disk extrusion with severe stenosis, with significant mechanical pain in his low back exacerbated by any activities. He has neurological deficit with numbness and weakness in the lower legs and feet. He is barely able to get around with a flexed posture at he low back. He continues to get worse with increasing numbness and weakness in the lower extremities and more severe pain. The longer that we are required to delay his surgery, the more likely he is to have permanent neurologic deficit and a permanent chronic pain syndrome.

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

The previous two determinations for non-certification are upheld/agreed upon. After reviewing the medical records and documentation provided, there is no documentation of operative reports indicating a surgical procedure that would medically necessitate the request for a post-operative TLSO back brace. Therefore, the request for Post-Op Lumbar TLSO Back Brace L0464 is denied.

Per ODG:

<p>Back brace, post operative (fusion)</p>	<p>Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. For long bone fractures prolonged immobilization may result in debilitation and stiffness; if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. (Resnick, 2005)</p>
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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)**