

ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

June 19, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal of Tri Mod Back Brace Post op (L0637)

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

Board Certified Orthopedic Surgeon

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his low back. The MRI of the lumbar spine dated XXXXX revealed a status post right sided hemilaminectomy at L4-5 with a partial discectomy. Mild to moderate spondylosis was identified. Osteophytic ridging and a diffused disc bulge lateralizing asymmetrically to the right was revealed. Moderate bilateral neuroforaminal stenosis was revealed. The clinical note dated XXXXXX indicates the patient complaining of low back pain that was rated as 6-9/10. The patient stated that prolonged standing and walking

exacerbated his pain level. The patient was identified as having a mildly positive straight leg raise on the right. Decreased sensation was identified in the lateral thigh, shin, and the dorsum of the foot on the right. The operative note dated 06/18/13 indicates the patient undergoing an epidural steroid injection. The clinical note dated 10/28/13 indicates the patient demonstrating tenderness upon palpation throughout the lumbar spine. The greatest region of tenderness was identified at the L4-5 level. The patient was able to demonstrate 60 degrees of flexion and 40 degrees of extension in the lumbar region. The psychosocial evaluation dated 01/03/14 indicates the patient being endorsed from a psychological perspective for the proposed surgical procedure. The clinical note dated 05/16/14 indicates the patient continuing with 6/10 pain. The patient was recommended for an L4-5 fusion.

The utilization reviews dated 04/01/14 and 05/12/14 resulted in denials as no information had been submitted confirming the patient's instability in the lumbar region. Therefore, the use of a postoperative brace was not indicated.

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

The documentation indicates the patient complaining of ongoing low back pain. The use of a postoperative back brace is indicated for patients following a fusion surgery. No information was submitted regarding the patient having undergone a fusion in the lumbar region. Therefore, it is unclear if the patient would benefit from the use of a postoperative brace without confirmation of a surgical intervention including a lumbar fusion. As such, it is the opinion of this reviewer that the request for a tri mod back brace postoperative; L0637 is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Back brace, post operative (fusion)

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)