

IRO NOTICE OF DECISION – WC



Notice of Independent Review Decision

May 23, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L1-S1 Back Brace between 4/9/14 and 6/8/14

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

American Board of Physical Medicine and Rehabilitation
Subcertification in 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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

, the claimant complains of low back pain. He also reports numbness to the bilateral 3rd, 4th and 5th toes. The claimant continues legal dispute with WC. The claimant reports 20% reduction in pain with previous use of Opana, Lyrica and Zanaflex. Diagnosis: Lumbar sprain and strain. Plan: The claimant will follow-up with primary DD for WC injury.

7-31-13, performed a Post Designated Doctor Examination. It was his opinion based on the review of the medical records and his clinical examination of the injured employee and his understanding of the mechanism of injury, in his medical opinion, based on all medical validity, the injured employee sustained a lumbar paravertebral myofascial strain as causally related to the compensable injury of xx/xx/xx. But under the auspices of the Workers' Compensation carrier, the injured employee has undergone six back surgeries. So now the compensable injury of xx/xx/xx, does extend to include postlaminectomy syndrome (failed back syndrome), chronic low back pain, and injury to the lumbar spine resulting in fusion from L2 to S1, lumbar radiculopathy, and mechanical back pain status post multiple back operations. Based on the medical documents available for review and his physical examination, the injured employee's current complaints of back pain with numbness into both legs are causally related to the injury reported on xx/xx/xx, and not to an ordinary disease of life or a pre-existing condition.

10-3-13, performed a Medical Review. It was her opinion that the documentation provided indicates the compensable injury includes failed back syndrome, mechanical back pain, HNP at L4-5 and L5-S 1, and lumbar radiculopathy. Current treatment is unknown given the lack of a recent clinical note with plan. However, it does appear the claimant was being maintained with medications and office visits approximately every month. Medications included Lyrica, Zanaflex, and Opana ER. Given the claimant's compensable diagnosis of failed back syndrome and radiculopathy, these medications would be reasonably required and consistent with Official Disability Guidelines. The claimant has also undergone routine urine drug screens. At this point in care, the claimant would not require monthly office visits. Office visits should be every 3-4 months to re-assess medications and provide prescription for refills. Assuming no substantial change in the claimant's condition, the claimant would require ongoing office visits every 3-4 months with a UDS as well as refills of Lyrica, Zanaflex and Opana ER. As of the claimant's last visit on 02/15/2013, he was given a prescription for Norco, Zanaflex, and Lyrica.

10-18-13, the claimant complains of low back pain and left leg pain. He complains of 2 occasions of losing control of his bladder and another losing control of his bowels. Diagnosis: Lumbar sprain and strain. Plan: The claimant asked about another SCS trial. The evaluator has recommended to discuss this. The claimant is a poor responder to opioid medications. Therefore, the evaluator will not restart this treatment. The evaluator offered him BH counseling to develop coping mechanism to help with pain.

2-16-14 MRI of the lumbar spine with and without contrast showed anterior and posterior spinal fusion. There is no significant central canal or neural foraminal stenosis. There is no abnormal intraspinal enhancement. Nonspecific enhancing fluid collection within the dorsal paraspinal soft tissues at L2 and L3. Clinical correlation is recommended.

2-20-14, the claimant complains of low back pain and new onset of right sided rib pain. The claimant has a history of 6 lumbar surgeries with fusion from L2 through S1. He states that he would like to avoid opioids due to his history of low testosterone. He has been reporting to the Emergency Room for pain exacerbations. Diagnosis: Lumbar sprain and strain. Plan: The claimant requesting back brace for better lumbar support. The claimant wishes for the evaluator to resubmit for approval of L1-L2 bilateral intra-articular facet injections. The claimant was prescribed Gabapentin, Zanaflex. Titration scheduled has been provided and explained. Consideration for discounted behavioral health should be given in the future.

2-20-14 Service Form.

3-14-14 Pre-Authorization Request: L1-S1 back brace.

Service Form.

3-14-14, the claimant returns to the office today regarding his chronic low back and leg pain secondary to work sustained compensable injury of xxxx. states that after an episode of incontinence he went to the emergency room on xx/xx/xx and an MRI was performed. The report indicates that he has anterior posterior fusion rioted, no significant canal or neuroforaminal stenosis and nonspecific 1.3 x 4.1 x 5.5 cm nonspecific rim enhancing fluid collection within the dorsal soft tissues at L2 3. He did see who recommended that he see the evaluator today with a few questions. He has also followed up with who no longer recommends any surgery. The claimant did also trial gabapentin and tizanidine and neither provided him with any relief. He does continue to utilize them, but they are not providing him with any improvement. The evaluator has also recommended facet injection which was denied today he would like to talk to the evaluator about getting a back brace. Diagnosis: Lumbar sprain and strain. Plan: The evaluator does believe the claimant would be best served with behavioral health counseling. He gets frustrated when he cannot do the activities he likes and then he stops exercising at all. He also voices some fear and frustration over re-injuring himself or having worsened pain. Unfortunately, despite their several attempts at getting this benefit certified, Mr. has been denied any behavioral health counseling by his Workers Comp insurance company. Gabapentin is not providing him with relief at 2700 mg; therefore, they will reduce him to 300 mg 2 every 8 hours for 7 days, then reduce it further to 1 every 8 hours for 7 days, and then reduce it to 1 twice a day for 7 days and then 1 per day for 7 days and then discontinue completely. Tizanidine also is not providing

benefit. The evaluator will reduce this to twice per day for 3 days, once per day for 3 days and then he will discontinue that drug. The evaluator would not at this time recommend adding any new medications. He is certainly not to be started on any controlled substances as these did not provide him any relief in the past. The claimant may follow up as needed. The evaluator has also recommended that he check again with his neurosurgeon to see what else can be done. The evaluator will also look into authorization on the back brace as he has requested this for support during exercise and it is appropriate.

3-19-14 Fax coversheet

3-21-14 Utilization Review Determination: Requested: The prospective request for 1 L1-S1 Back Brace between 3/19/2014 and 5/18/2014 is non certified.

3-21-14, performed a Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for (1 L1-S1 Back Brace) is non-certified.

3-21-14 Fax coversheet to:

Department of Insurance Division of Workers Compensation Field office-Decision and Order.

4-8-14 FNP., the evaluator noted that the claimant states he is currently working 40 hours per week. She felt he would benefit from utilizing a lumbar back brace for posture support.

4-9-14 Fax coversheet.

4-9-14 Pre-Authorization Request: L1-S1 back brace-pending auth.

4-11-14, performed a Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for (1 L1-S1 Back Brace) is non-certified.

4-14-14 Utilization Review Determination: Requested: 1 L1-S1 Back Brace between 4/9/2014 and 6/8/2014. The prospective request for 1 L1-S1 Back Brace between 4/9/2014 and 6/8/2014 is non certified.

4-17-14 Request Form.

ODG Guidelines: Lumbar supports: Not recommended for prevention. Recommended as an option for treatment.

4-30-14 Fax coversheet.

4-30-14 Fax coversheet; ref: IRO.

Request for a review by an independent review organization.

5-5-14 Fax coversheet.

5-5-14 Notice to xxxxx of Case Assignment.

Utilization Review Unit: IRO

Attached are the following records:

- IRO request form from the provider
- IRO assignment by TDI
- Request for IRO by URA
- initial denial documents (request, denial letter, peer report)
- appeal denial documents (request, denial letter, peer report)
- ODG Guidelines
- (other medical reports/documents)

5-5-14 Fax coversheet; ref: IRO notice of assignment.

5-5-14 Notice to utilization review agent of assignment to independent review organization.

Independent Review Portal-IRO Request Details.

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

Medical records reflect a claimant with back pain. He has a history of 6 lumbar surgeries with fusion from L2 through S1. The claimant works 40 hours a week and it was felt that he would benefit from utilizing a lumbar back brace for posture support. ODG notes that lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Therefore, based on the records provided, the request for L1-S1 Back Brace between 4/9/14 and 6/8/14 is not reasonable or medically necessary.

Per ODG 2014 lumbar supports: Not recommended for prevention. Recommended as an option for treatment. See below for indications.

Prevention: Not recommended for prevention. 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](#)) 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](#)) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. ([van Duijvenbode, 2008](#))

Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see [Back brace, post operative](#) (fusion). 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. ([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](#)) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. ([Roelofs, 2010](#)) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. ([van Duijvenbode, 2008](#)) For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). ([McIntosh, 2011](#)) See also [Back brace, post operative](#) (fusion); [IntelliSkin posture garments](#); & [SpineCor brace](#).

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)**