

**Maturus Software Technologies Corporation
DBA Matutech, Inc**

881 Rock Street
New Braunfels, TX 78130
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

May 23, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Back brace L0631

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME:

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

-

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who alleges an injury to his cervical spine on xx/xx/xx. The exact mechanism of injury is not available.

On September 11, 2013, the request for left trigger point injection (TPI) was denied. The treatment history was as follows: *The patient was being treated with Worker's Compensation related injury that occurred in xxxx. He was being treated for cervical pain, cervical postlaminectomy syndrome, cervical radiculopathy, left shoulder pain, muscle spasms, chronic pain and use of high-risk medications. He described his pain in the cervical spine radiating down his left shoulder as well as his hip and lower aspect of bilateral legs as an aching,*

cramping which he rated on pain scale from 3-8. Overall comfort level was fair and functional status was fair. The pain was made worse by turning his head and improved by rest and medication. The patient had numbness in his fingers and weakness in his legs. Injections were helpful. The patient had deferred a transcutaneous electrical nerve stimulation (TENS) unit or physical therapy (PT).

On February 26, 2014, evaluated the patient for neck pain. The pain in the neck was going into both arms and was rated as 9 without medications and 3 with medication. Overall comfort level was poor and functional status was poor. Pain was worse with turning head and better with medication. He had numbness in both hands and weakness in the legs. The patient reported that addition of naproxen was helping him as well as the increase in gabapentin. Adverse events included denial of any interventional procedures, PT or imaging studies dated September 28, 2010, Mobic not covered by Work Comp dated June 7, 2011, tizanidine no longer helping dated August 30, 2011, blood pressure on February 26, 2014, to be 210/100 and a repeat was 200/98; baclofen 20 mg increased cramping of the abdomen dated October 25, 2012, emergency room (ER) visit for increased hand numbness, denial of neurological referral by Workers' Comp, Mobic causing GI upset dated January 28, 2014 and Work Comp not responding to the neurological evaluation and request for the injection dated February 26, 2014. The aberrant behavior including taking an old prescription of Soma dated August 30, 2011, and September 26, 2012. Review of systems was positive for dry mouth, stress related to medical condition, difficulty using his hands and tying his shoes, and decreased grip strength. Stress level was mostly related to Work Comp not approving things to help improve his quality of life. History was positive for hypertension and neck surgeries x2. The patient was utilizing hydrocodone/acetaminophen, Neurontin, baclofen, lisinopril/HCTZ, centrum silver and naproxen. Imaging studies included magnetic resonance imaging (MRI) of the cervical spine without contrast dated January 16, 2014, showed stable post anterior fusion from C3-C5, abnormal signal in the cervical spinal cord at C3-C4 which had the appearance of myelomalacia, moderate central canal stenosis at C2-C3 related to a congenitally small canal as well as disc bulge and ligamentum flavum hypertrophy, central canal stenosis below the site of the fusion at C5-C6 related to disc bulge and ligamentum hypertrophy and congenitally small canal and congenitally short pedicles with spinal stenosis. Examination of the cervical spine showed moderate spasm and tenderness predominantly in the right trapezius and posterior cervical region. He had positive bilateral Spurling's, limited range of motion (ROM) of 50% right greater than left lateral flexion and bending. Neurological examination showed decreased grip strength bilaterally and strength in upper extremity it was 4/5 as compared to 5/5 in lower extremities. There was slightly decreased sensation to his fingers. diagnosed neck pain, cervical postlaminectomy syndrome, cervical radiculopathy, bilateral hand numbness, muscle spasm, chronic pain and cervical spinal stenosis. He refilled hydrocodone, Neurontin, baclofen, naproxen and again referred the patient for a neurological evaluation and rescheduled the C7-T1 translaminar cervical epidural steroid injection (ESI). He provided a sample of a compounded pain cream of flurbiprofen 10%, gabapentin 6%, baclofen 2%, amitriptyline 2% in Lipopen Cream. He counseled patient on proper use of prescribed medications and

reviewed opioid contract and counseled patient about chronic medical conditions and their relationship to anxiety and depression and recommended mental health support as needed. He advised the patient to have a primary care provider (PCP) to continue care for health maintenance and general medical conditions.

A request was submitted for CPT 20553, 62310 and 99144.

Per utilization review dated February 27, 2014, the request for cervical bilateral C7-T1 ESI was denied.

Per utilization review dated March 4, 2014, the rationale for denial of cervical ESI, bilateral C7-T1 was as follows: *"I would not agree with the request. He does not manifest dermatomal specific symptoms either subjectively or objectively. Additionally there does not appear to be any pathology on the MRI that would respond to ESIs. This request does not meet Official Disability Guidelines (ODG) guidelines criteria. NP Discussed case. No additional information was provided that would support the ESI request. The symptoms were generalized and the MRI does not show pathology that would be amenable to ESI. It appears that the symptoms may be due to the myelomalacia. The request is not supported"*.

On March 26, 2014, evaluated the patient for neck pain. The pain in the neck was going into both arms that was radiating down the back and into the legs. The patient had discontinued naproxen due to GI upset. Examination showed moderate spasm and tenderness predominant in the right trapezius and posterior cervical region, limited ROM of 50% right greater than left lateral flexion and bending. Neurological examination showed decreased grip strength bilaterally and strength in upper extremities was 4/5 as compared to 5/5 in lower extremities and slight decreased sensation to his fingers bilaterally. refilled Neurontin, baclofen and hydrocodone and ordered a back brace. He counseled the patient on proper use of prescribed medications, reviewed opioid contract, counseled patient about chronic medical conditions and their relationship to anxiety and depression and recommended mental health support as needed.

Per utilization review dated April 1, 2014, the request for purchase of L0631 back brace was denied with the following rationale: *"The Official Disability Guidelines state that lumbar supports are not recommended for prevention and are recommended as an option for treatment of compression, fractures, spondylolisthesis, instability and nonspecific low back pain. The provided records do not indicate that there was the presence of a compression fracture, spondylolisthesis, or instability of the lumbar spine. There was no documentation of nonspecific low back pain. It was noted that claimant had neck pain that radiated to the back. The physical examination did not document any tenderness, limited range of motion, or other objective findings of dysfunction related to the low back. Based on these factors, the request for durable medical equipment back brace L0631 purchase is not certified."*

On April 24, 2014, evaluated the patient for neck and back pain. There was pain in neck going into both shoulders. The pain was across the back. He had a knot.

He also had a left wrist brace in place and rated pain as 10 without medications and 6 with medication. Examination of the cervical spine showed moderate spasm and tenderness predominantly in the right trapezius and posterior cervical region. There was positive bilateral Spurling's and limited ROM of 50% right greater than left lateral flexion and bending. He had moderate spasm in the paraspinous muscles of the thoracic spine. Examination of the lumbar spine showed full ROM, moderate spasm and tenderness in the lower lumbar area, forward flexion only to 30 degrees and negative straight leg raise (SLR) bilaterally. Neurological examination showed decreased grip strength bilaterally and slight decreased sensation to the fingers bilaterally. Diagnosis was unchanged. refilled hydrocodone, Neurontin and baclofen. The patient wanted to pursue getting a topical pain cream through his private insurance so a prescription was provided for lidocaine, prilocaine, topiramate and meloxicam.

On April 29, 2014, a request was received for IRO.

Per reconsideration review dated May 1, 2014, the request for purchase of lumbar support back brace was denied by with the following rationale: *"In the ODG there is no recommendation of use of DME for low back pain since there is no credible scientific date to validate the efficacy of such a DME. In the note of April 24, 2014, there is no documentation of pertinent scientific data that would justify reversal of the previous denial since the data in this case does not comply with the ODG criteria for such a DME. PP will be initiated."*

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

There is insufficient objective evidence of an injury to the low back, or even a specific diagnosis or condition of the low back, which is reasonably related to the claim. Thus, the use of lumbar DME is not indicated. Even if there were a reasonable work-compensable diagnosis related to the lumbar spine, the use of DME is not supported per ODG, consistent with the opinions of the preauthorization reviewers herewith.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES