

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Mar/18/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** post-operative back brace

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Neurological Surgery

**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 health care service in dispute.** It is the opinion of this reviewer that medical necessity for a post-operative back brace cannot be established

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who had a work related injury on xx/xx/xx. The mechanism of injury was a fall. She was on a step ladder and was placing a package on a shelf and lost control and fell hitting her left elbow, on the shelf and hit the ground back first. She had low back pain. Clinical note dated 10/16/14 indicated lumbar range of motion was markedly restricted in forward flexion. Motor exam revealed 4/5 strength at the tibialis anterior, extensor hallucis longus, gastrocnemius, and biceps femoris muscle on the left. Gait was antalgic. Marked difficulty with heel and toe walk secondary to pain. Straight leg raise was positive at 30 degrees on the left and 50 degrees on the right. She had a hypoesthetic region over the L5 and S1 distribution on the left to pinprick and light touch. She has had physical therapy, epidural steroid injections which have failed. Clinical note dated 02/02/15 indicates the patient is status post anterior lumbar interbody fusion at L4-5 and at L5-S1 a posterior lumbar decompression, posterolateral fusion, and pedicle screw instrumentation at L4-5 and L5-S1 performed on 01/28/15. No intraoperative complications were noted.

The notes indicate that the patient had near complete resolution of her preoperative symptomology which she described as low back pain with radiation mainly into the left lower extremity along the lateral thigh and calf and constantly into the dorsum of the lateral aspect of the left foot with associated numbness and tingling in a similar distribution. She denied any leg pain. She describes peri-incisional muscle spasm with numbness and tingling in the left lower extremity along the non-dermatomal distribution. She currently describes her pain level as 5/10 on a visual analog scale with worsening symptomology following prolonged sitting and standing. Physical examination lumbar range of motion was decreased in forward flexion secondary to muscle spasm. Motor strength was 5/5 throughout. Deep tendon reflexes were 2+ throughout and symmetrical. Plantar responses were flexor bilaterally. Gait the patient had no difficulty with heel or toe walking. Tandem walk was at the normal limits. Straight leg raise was negative. Sensory exam revealed no hypoesthetic region to pinprick and light touch. Diagnosis is status post anterior lumbar interbody fusion at L4-5 and L5-S1

with posterior lumbar decompression, posterolateral fusion, and pedicle screw instrumentation at L4-5 and L5-S1 for a previous history of lumbar spondylolisthesis at L4-5 and L5-S1 grade 1 with instability.

Previous utilization review on 01/20/15 was denied based on the Official Disability Guidelines. "The specific indication for a post-op back brace in this case is unclear and medical necessity of this request has not been demonstrated and clarification was not obtained".

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** Prior review dated 01/23/15 was denied based on the guidelines do not note a special circumstance where a brace might be indicated, which are multi-level cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc. However, none of these circumstances apply to this case. The request is for a postoperative back brace. I reviewed the guidelines, and am in agreement with the previous reviewer. The guidelines state that the back brace postoperative for fusion is under study, there is conflicting evidence, so case by case recommendations are necessary. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion. Special circumstance (multi-level cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures). As the patient does not meet any of these criteria, it is the opinion of this reviewer that medical necessity for a post-operative back brace cannot be established and an adverse determination is given.

**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)