

Magnolia Reviews of Texas, LLC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

9/1/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar support brace

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

Board Certified Orthopedic Surgeon, Fellowship Trained in Sports Medicine

REVIEW OUTCOME:

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

x 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.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported injury on xx/xx/xx, per the submitted documentation. It was noted the patient was using a x to crush x and developed low back pain. The documentation of 07/21/2015 revealed the patient had persistent low back pain. The patient was in the office for a preoperative visit regarding a pending L5-S1 anterior posterior fusion with right L5-S1 laminectomy. The patient was complaining of low back pain. The onset of pain was 3 years ago. The patient was a non-smoker. The physical examination revealed no abnormalities. The strength was 5/5. Sensation was normal on the right lower extremity. The patient had a negative straight leg raise. The quadriceps and Achilles reflexes were 2+. The left lower extremity motor strength was 5/5. Sensation was normal. The quadriceps reflexes were 2+ as were the Achilles. The straight leg raise was negative. The left lower extremity was nontender to palpation and had normal alignment, range of motion, and stability. The diagnoses included lumbar radiculopathy, right worse than left leg, with weakness beginning to manifest in his left leg. There was an annular tear at L5-S1 HNP paracentral right sided and HNP L4-5. There was persistent worsening low back pain. The treatment plan included pain medications, medications for

muscle spasms and nausea, and proceed with surgery as scheduled. The patient was to return in 2 weeks postoperatively or sooner if needed. A prescription was written for an LSO brace.

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

The Official Disability Guidelines indicate a back brace is under study for post-operative use and that mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful. Additionally, they indicate that 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. The clinical documentation submitted for review indicated the patient was to be undergoing an anterior/posterior fusion at L5-S1 on 07/29/2015. This was a one level surgical intervention. There was a lack of documentation indicating that this may be a non-instrumented fusion. The patient was noted to be a non-smoker. Smoking is noted to inhibit healing of a fusion. The rationale for the use of a lumbar spine orthosis with a one level surgery was not provided. There was a lack of documentation of exceptional factors to warrant a necessity for a lumbar spine orthosis. Given the above, the decision regarding the denial of the lumbar support brace is upheld.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, Low Back Chapter, Lumbar supports, Back brace, post operative (fusion)