



**DATE OF REVIEW:** December 20, 2017

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Orthofix/AME spinal stim growth stimulator, bone growth stimulator for purchase  
LSO brace with chairback for purchase

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

Board Certified in Orthopedic Surgery

**REVIEW OUTCOME**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

**Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:**

- Orthofix/AME spinal stim growth stimulator, bone growth stimulator for purchase - Upheld
- LSO brace with chairback for purchase - Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

MRI of the thoracic spine dated XXXX read by XXXX showed no evidence of a disc extrusion, severe central thecal sac stenosis or compression of the conus medullaris was seen; mild lower thoracic spondylosis T11-12.

MRI of the lumbar spine dated XXXX read by XXXX showed no evidence of disc extrusion, severe thecal sac stenosis or advanced foraminal narrowing was seen; mild degenerative disc disease and spondylosis L5-S1, posterior annular tears and disc desiccation L4 to S1.

On XXXX, XXXX performed bilateral L4-5 SNRB. Postop dx: Lumbar sprain/strain. Repeated.

On XXXX, XXXX, PA for XXXX, saw the claimant for low back pain rated at an 8. XXXX first noticed pain/injury on XXXXX. XXXX had MRI and EMG/NC. On XXXX, XXXX was XXXXX. XXXX reported the low back pain radiating into XXXX right lateral thigh and bilateral medial thighs. The claimant was XXXX. PSH positive for scalp reattachment in XXXX and wisdom teeth removal. Claimant works XXXX, is

XXXX, smokes greater than 1 ppd. Exam showed lower thoracic segmental tenderness, tenderness of paraspinals on right. Lumbar exam showed decreased lordosis, pain with motion, especially extension, globally decreased motion of the lumbar spine. There was lower and upper lumbar tenderness and right GT bursa tenderness on the right. Claimant able to heel and toe walk no edema in RLE, no limp. Strength was 4/5 of right ant. tib., EHL and gastroc. Sensation decreased at L5 on right; quad and gastroc reflexes were 1+, positive SLR on right, negative FST on right. In LLE, strength was 4- of gastroc, otherwise was 5; normal sensation, quad reflex was 1+ on left and 0 at gastroc. SLR on left was equivocal, negative FST. X-rays dated XXXX with f/e showed no scoliosis of 5 lumbar vertebra, roughly equivalent disk heights, no fractures. Mild pelvic obliquity-left iliac crest slightly higher than right. Lateral views showed loss of lordosis and loss of disk height at L5-S1 more so than at L4-5. No significant listhesis was present in neutral or flexion but in extension, L5 subluxes posteriorly to a grade 1/2 retrolisthesis. SC view was unremarkable for other than severe loss of disk height at L5-S1. MRI of "lumbar" and thoracic showed cervical disk protrusions at C6-7 and C7-T1 along with disk desiccation and herniated disk/spur complex at T11-12, disc protrusion at C6-7, small central disk at C7-T1, central right sided annular tear at T11-12. Lumbar MRI showed disc desiccation with posterior disk protrusions at L4-5 and L5-S1, loss of disk height at L5-S1 with mild retrolisthesis, HIZ seen in the L4-5 disk protrusion which was consistent with an annular tear. New updated MRIS were indicated. Claimant to begin trial of Gabapentin. Claimant remained off work but wished to be able to RTW as soon as possible XXXX.

MRI of cervical spine dated XXXX read by XXX showed XXX I malformation with no cervical syrinx down to cervicothoracic region. A central C6-7 disc extrusion with spinal canal stenosis of 8.8mm. There may be some acute features of this disc herniation, although clinical correlation will help place this in its proper context.

XXXX saw the claimant on XXXX who reported XXXX pain in the cervical spine was a 5. The symptoms were numbness/tingling and pain with motion. Claimant presented for f/u after MRI of the cervical spine. Cervical spine not examined. Thoracic spine not examined. Lumbar spine exam showed 4/5 strength of right ant. tib., EHL, and gastroc, sensation decreased at L4-5, quad reflex on right was 2+ and gastroc was 1+, positive SLR. LLE noted 4- gastroc strength, decreased strength L4-5, quad reflex was 2+ and gastroc was 1+, positive SLR. MRI of lumbar spine reviewed from XXXX. Dx: L4-5 and L5-S1 herniated nucleus pulposus with radiculopathy. XXXX recommended myelogram/CT as the MRI had not sufficiently demonstrated the extent of neural compression that XXXX would expect, given the claimant's symptoms.

MRI of lumbar spine dated XXXX read by XXXX showed right sided L5-S1 disc extrusion that may explain right sided S1 symptoms; central and left sided L4-5 disc extrusion that may explain left sided L5 radiculopathy. Both of these disc herniations were indeterminated by imaging and may be better placed in time with clinical correlation.

XXXX saw the claimant on XXXX for low back pain and recommended facetectomies on the right at L4-5 and L5-S1 and on the left at L5-S1. This would destabilize the spine and would require fusion. Would need accurate documentation of the extent of foraminal stenosis and this could be better visualized with CT myelogram. Would get a second opinion read on the MRI. Dx: L4 to S1 HNP with radiculopathy.

Lumbar myelogram/CT dated XXX read by XXXX, showed at L4-5 a 2mm central and left sided protrusion/herniation with 2mm inferior extrusion causing mild thecal sac stenosis and mild left neural foraminal narrowing; at L5-S1, broad based disc protrusion/herniation measuring 3mm to the right and 2mm to the left with 2mm inferior extrusion causing mild left and mild to moderate right neural foraminal narrowing. The S1 nerve roots may be impinged upon, particularly on the right. The right L5 nerve root could also be impinged upon.

CT lumbar myelogram with contrast dated XXX from XXX MRI read by XXXX noted impression of grade I retrolisthesis at L5-S1 with a superimposed 5mm right paracentral and foraminal disc protrusion which mildly impinged the thecal sac and right S1 nerve root; mild degenerative facet and ligamenta flava hypertrophy at this

segment as well. The combination resulted in moderate right foraminal and bilateral lateral recess stenosis. A 4mm left paracentral protrusion at L4-5 which mildly impinged on the thecal sac and proximal left L5 nerve root, mild degenerative facet and ligamenta flava hypertrophy resulted in moderate left foraminal and lateral recess stenosis, mild degenerative spondylosis at L5-S1.

On XXXX, XXXX saw the claimant for low back and bilateral leg pain rated at a 9. Claimant had right greater than left leg pain so would attribute XXXX leg pain to more of the L5-S1 level than L4-5 but XXXX had bilateral symptoms that would require a facetectomy at both L4-5 and L5-S1 to decompress the neuroforamen. This would destabilize the spine and require a fusion. L4 to S1 anterior posterior fusion with laminectomy ordered.

XXXX saw the claimant for post DD RME on XXX and assigned MMI as of XXXX with a 0% WP IR. Alternate 69 noted not at MMI. XXXX reported XXXX saw the claimant previously on XXXX. XXXX diagnosed a head contusion with no LOC, causing migraine headaches, a cervical strain, right and left shoulder sprain and low back sprain. The claimant was at MMI as of XXXX as stated in prior report and rationale remained the same. XXXX noted that the claimant had definite symptom magnification findings and symptoms that were non-physiologic on exam and is pain patterns referable to any type of significant herniation in the lumbar spine. XXXX reported that also noted by XXXX history is that the claimant did not have pain immediately but seemed to come on later. XXXX reported that XXXX stood by XXXX original eval. as it relates to the diagnoses. XXXX reported that one exception would be the head concussion in which XXXX was given a 7% impairment. XXXX reported XXXX would defer a final assessment of MMI and impairment date and recommend referral to another neuropsychiatrist to further evaluate any neurological problems. If MMI date were to change beyond the XXXX date because of concussion then that would be altered accordingly. Claimant had 0% WP IR for cervical and lumbar spine. XXXX noted that at no time did the claimant ever have evidence of any significant radicular component to XXXX symptoms and even in spite of an EMG that indicated possibly a right S1 radiculopathy, claimant did not describe symptoms consistent with that. XXXX reported in regard to extent that XXXX opinion was the same as prior. XXXX noted that it would clearly not involve T11 or T12 spondylosis and would not include bulges at L2-3. XXXX noted annular disc desiccation at L4 to S1 was degenerative not related to trauma, hypertrophy and spondylosis at L5-S1 was degenerative, cervical C6-7 disc extrusion/herniation would not have recovered as quickly as it had in the claimant's findings and certainly would have resulted in some nonuniform loss of motion and persistent spasms which were not documented. XXXX noted spinal stenosis at C6-7 was a degenerative process and in no way was it aggravated based on symptoms that resolved fairly quickly referable to the cervical spine. XXXX noted there was no objective rational as to why this claimant from this type of injury would result in migraines. Similarly, the left groin and right and left leg pain were just subjective complaints of pain which had no objective basis.

XXXX, performed presurgical psych. eval. on XXXX and noted given surgical goals and psych. testing results, the lumbar surgery was recommended.

There was script on dated XXXX for LSO brace and bone stim.

Precert on XXX denied LSO brace with chairback for purchase and denied orthofix/AME Spinal stim growth stimulator, bone growth stimulator for purchase noting both are under study in ODG Guidelines. Per guidelines, bone growth stimulators may be considered medically necessary as an adjunct to spinal surgery for patients with fusion at more than 1 level. However, clarification is needed, if the scheduled surgery has been indeed certified. No records were submitted to objectively validate certification of the proposed surgery. Given the lack of information, the request was not supported.

Precert on XXXX on appeal, denied XXXX spinal stim growth stimulator, bone growth stimulator for purchase and denied LSO brace with chairback for purchase. Exceptional factors not identified to warrant the request.

On XXXX, XXXX saw the claimant who reported XXXX pain was an 8. XXXX presented for preop L4 - S1 A/P fusion.

On XXXX, XXXX performed L4 to S1 posterior spinal fusion; L4 to S1 posterior segmental instrumentation; L4 to S1 morselized allograft bone; bone marrow aspiration. Postop dx: L4 to S1 HNP with radiculopathy.

On XXXX, XXXX performed L4 to S1 anterior fusion, L4 to S1 interbody device with fixation; L4 to S1 morselized allograft bone.

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

Evidence based treatment guidelines do not support the use of a bone growth stimulator or a LSO brace with chairback. The claimant has recently undergone a two level anterior and posterior fusion, performed on XXXX. The most recent literature from the ODG indicates that even in patients who are at "high risk", there has been no convincing evidence to support efficacy of the use of a bone growth stimulator. Therefore, there is no medical necessity for the Orthofix/AME spinal stim growth stimulator, bone growth stimulator for purchase.

Evidence based treatment guidelines do not support a LSO brace with chairback. There is no scientific information on the benefit of bracing for improving the fusion rates or the clinical outcomes following an instrumented lumbar fusion for degenerative disease. Furthermore, review of the medical records provided by the treating surgeon has not identified any special circumstances to warrant this type of external mobilization.

Therefore, previous denials are upheld.

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

- ☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**