



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

NOTICE OF INDEPENDENT REVIEW DECISION

IRO REVIEWER REPORT

DATE OF REVIEW: 04/10/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Denied services - Outpatient implantation of thoracic spinal cord stimulator.

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

Texas License and currently on TDI DWC ADL.
Board Certified Neurological Surgeon

REVIEW OUTCOME:

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

Upheld – Outpatient implantation of thoracic spina cord stimulator is denied.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. IRO reviewer report.
2. Report of lumbar myelogram dated 04/15/99.
3. Operative report dated 04/15/99.
4. Medical records of Dr. dated 05/14/99.
5. Medical records of Dr. dated 06/16/99.
6. Operative report dated 07/19/99.
7. Hospital admission records dated 07/19/99.
8. Hospital discharge summaries dated 07/20/99.
9. Medical records of Dr. dated 07/28/99 – 09/25/06.
10. Operative report dated 07/28/99.
11. Operative report dated 10/21/99.
12. Procedure report dated 01/31/00.
13. Operative report dated 01/31/00.

14. Lumbar myelography report dated 09/14/00.
15. Report of discography dated 10/30/00.
16. Operative report dated 01/22/01.
17. Medical records from Dr. D.O., dated 10/11/01.
18. Medical records, Clinic dated 11/08/02 – 03/09/07.
19. Report of lumbar myelography dated 06/23/03.
20. Report of cervical myelography dated 01/08/04.
21. Medical records of Dr. 05/10/05 – 06/01/05.
22. CT myelogram report dated 09/15/05.
23. Report of lumbar myelography dated 09/15/05.
24. Report of the cervical spine dated 02/13/06.
25. Operative report 02/13/06.
26. Operative report dated 05/01/06.
27. Laboratory reports dated 07/10/06.
28. MRI of the lumbar spine dated 07/19/06.
29. Whole body bone scan dated 07/24/06.
30. Operative report dated 09/11/06.
31. Operative report dated 09/25/06.
32. MRI of the lumbar spine dated 12/01/06.
33. MRI of the cervical spine dated 01/03/07.
34. Whole body bone scan dated 01/04/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee is a male who is reported to have sustained injuries to his neck and low back as a result of falling off a stool.

The available medical records indicate that the employee was apparently refractory to conservative care and subsequently taken to surgery and underwent an ACDF from C4 through C7.

Postoperatively, the employee was noted to have developed a post laminectomy syndrome and subsequently came under the care of Dr.. The records indicate that an attempt was made to place dorsal column stimulator leads percutaneously which failed, and the employee was later taken to surgery on 07/19/99. At that time, the employee underwent open implantation of the leads. On 07/28/99, the employee was reported to have undergone a successful trial, and permanent implantation of a cervical dorsal column stimulator was completed.

The employee continued to experience low back pain and subsequently underwent a fusion from L4 to S1 on 01/22/01.

On 02/13/06, the employee's battery pulse generator was removed secondary to infection. Post procedurally, the employee again received extensive antibiotic treatment, and he subsequently had been recommended for reimplantation of the cervical dorsal column stimulator and a further request had been placed to implant thoracic leads to cover the lower extremity.

The records indicate that on 05/01/06, the employee had a pulse generator malfunction, which was removed and reimplanted.

On 09/11/06, the employee underwent revision of a wound secondary to postoperative infection caused by staph epidermidis. The employee underwent a long course of antibiotics and continued to exhibit signs of sepsis and infection.

On 09/25/06, removal of the device was performed secondary to infection.

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

The available medical records indicate that the employee is hypertensive, morbidly obese, and has Type II diabetes. The employee previously became septic and was required to undergo removal of the cervical dorsal column stimulator leads and battery in order to control the infection.

Clinical information suggest that the employee has been adequately treated and does not have an infectious process at this time. However, evidence-based guidelines clearly requires a psychobehavioral evaluation prior to implantation. In particular, given the employee's surgical history of implantation, sepsis, and removal, a behavioral evaluation would be critical to the potential success of replacing the cervical device and adding thoracic leads to provide additional coverage into the lower extremities. Careful review of all the submitted records failed to indicate that the employee has undergone a psychiatric evaluation at any time during his treatment, and given the lack of required information, the request for implantation of thoracic leads would not be considered medically necessary. The *Official Disability Guidelines* report "Recommended (psychiatric evaluation) pre spinal cord stimulator (SCS) trial".

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. The *Official Disability Guidelines*, 11th Edition, The Work Loss Data Institute. Accessed: 04/10/07.
- B. The *American College of Occupational and Environmental Medicine Guidelines*, Chapter 6: Pain. Accessed: 04/10/07.
- C. Laxmaiah Manchikanti, M.D., Vijay Singh, M.D., David Kloth, M.D., Curtis W. Shipman, M.D., Joseph F. Jasper, M.D., Andrea M. Trescot, M.D., Kenneth G. Varley, M.D., Sairam L. Atluri, M.D., Carlos Giron, M.D., Mary Jo Curran, M.D., Jose Rivera, M.D., A. Ghafoor Baha, M.D., Cyrus E. Bukhit, M.D., and Merill W. Reuter, M.D., *American Society of Interventional Pain Physicians Practice Guidelines*, Pain Physician, Volume 4, Number 1, pp 24-98, 2001.