

IRO America Inc.

An Independent Review Organization
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DATE OF REVIEW:

12/25/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

T8-9 spinal cord stimulator trial

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

M.D., Board Certified in Pain Management and Anesthesiology

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines
xxxxxx-6/06-11/07
Neurological Eval-4/07-11/07
Psychodiagnostic Exam-11/28/07
MRI-5/06; 4/07
xxxxxxx-7/07-8/07
xxxxxxx.-8/28/07
Surgical Pathology Rept.-1/30/07
Operative Note, Canon-9/06; 5/07
Operative Rept.-1/30/07
Denial Letters-11/8/07; 11/20/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while on the job on xx/xx/xx. Since that time, the patient has undergone an epidural steroid injection without any relief of pain. It is also noted that the patient has undergone a previous L4-5 and L5-S1 microdiscectomy. The patient has also been involved in work hardening without

significant benefit. The patient currently takes Lyrica, Darvocet and Skelaxin for pain. The patient has undergone a psychodiagnostic examination and was found to be a candidate for spinal cord stimulation from a psychological standpoint.

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

As stated above, this patient has a history of an L4-5 and L5-S1 microdiscectomy. Despite receiving this surgery, the patient continues to suffer from pain in the low back and lower extremities. Therefore, this patient suffers from failed back syndrome. Per the *Official Disability Guidelines*, failed back syndrome is an indication for a spinal cord stimulator trial. Given that the patient has also been deemed a candidate after receiving a psychological evaluation, it is appropriate to schedule this patient for a spinal cord stimulator trial per the *Official Disability Guidelines*.

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

- ACOEM- AMERICAN 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)**