

**DATE OF REVIEW: FEBRUARY 15, 2007**

**IRO CASE #:**

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

Replacement of a spinal cord stimulator.

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

Board Certified Neurosurgeon

**REVIEW OUTCOME**

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

- Upheld (Agree)
- X Overturned (Disagree)
- 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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Department of Health Insurance packet of information.
2. Outpatient notes from the two weeks after her injury.
3. Various office notes from
4. Operative report describing stellate ganglion block.
5. Psychiatric evaluation by.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a woman who injured herself on. Apparently she was carrying some hot food when she slipped on a mat and burned her left wrist on the ulnar side. The burn was described as 2<sup>nd</sup> degree, 1% total body involvement. She was seen in the burn clinic and within two weeks the burn had pretty much healed itself over. Despite this, she was complaining of a new type of pain radiating from the wrist up to the top of her small finger. This is the pain that she has been dealing with

since. She has had sympathetic blocks, including a stellate ganglion block with no substantial improvement. She has had a psychiatric evaluation which found no impediment to invasive pain management. She has finally had a percutaneous spinal cord stimulator where she has reported 90% improvement of her current problem.

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

This patient most likely does have reflex sympathetic dystrophy. By the criteria outlined in the two previous reviewers, this is one of the situations in which a spinal cord stimulator should be placed. The reflex sympathetic dystrophy is generally involved in situations where there is partial nerve injury, and the burn which has been described is sufficient in trauma to prompt this. She has been evaluated from a psychiatric standpoint and is found to have no impediments to a stimulator being placed. Further, she has failed sympathetic blocks. Finally, and most compelling, the spinal cord stimulator alleviated 90% of her problems. This is an outstanding result in someone with reflex sympathetic dystrophy, one which can hardly be ignored. Rationale and basis for decision above is mentioned in the *Occupational Medicine Practice Guidelines* as well as the *Official Disability Guidelines Treatments of Workman's Compensations*.

## Medical Review of Texas

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### 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  
*Occupational Medicine Practice Guidelines*
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
*Official Disability Guidelines Treatments of Workman's Compensations*