
Notice of Independent Review Decision

DATE OF REVIEW: 7/26/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Spinal cord stimulator trial (63650), SCS reprogram (95971), Fluoroscopy (76003), and MAC anesthesia (00630).

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

This case was reviewed by a board certified anesthesiologist on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>HCPCS/ NDC</i>	<i>Begin Date</i>	<i>End Date</i>	<i>Type Review</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
724.4	63650			Prospective				Overturned
724.4	95971			Prospective				Overturned
724.4	76003			Prospective				Overturned
724.4	00630			Prospective				Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 7/6/07
2. Determination Notices – 2/24/06, 3/6/06, 3/10/06, 4/26/06, 5/8/06, 0/4/06, 3/16/07, 4/20/07
3. Records and Correspondence from, Ph.D. – 2/21/07

4. Records and Correspondence from, MD – 9/25/06-4/25/07
5. Records and Correspondence from Solutions – 10/2/06
6. Records and Correspondence from, MD – 4/1/05
7. Records and Correspondence from Radiology & Imaging – 12/20/04
8. Records and Correspondence from Hospital – 11/15/04-6/30/05
9. Records and Correspondence from Dr. – 2/9/07-6/6/07
10. Records and Correspondence from Health Clinic – 8/12/05-4/23/07
11. Records and Correspondence from, MD – 5/9/05-1/22/07
12. Records and Correspondence from Pain Management – 7/12/05-8/15/06
13. Records and Correspondence from Outpatient Surgery Center – 8/22/05-6/29/06
14. Records and Correspondence from Neurology – 3/17/06
15. Records and Correspondence from Neurosurgery– 4/1/05

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury. Records indicate he injured his back when a box fell 12 feet and compressed his back. Diagnoses have included lumbar radiculopathy, lumbosacral radiculitis, lumbar facet syndrome, and lumbar facet arthropathy. Evaluation and treatment for this injury has included epidural steroid injections, branch blocks, radiofrequency, and medications.

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

Review of the medical documentation indicated the patient sustained a work related injury when a box fell 12 feet and compressed his back. Diagnoses have included lumbar radiculopathy, lumbosacral radiculitis, lumbar facet syndrome, and lumbar facet arthropathy. He has been under the care of a pain management specialist and has received medical therapy, physical therapy, epidural steroid injections, branch blocks, and radiofrequency ablation. To date he continued with low back pain described as 7/10. The pain management specialist has recommended a trial of a spinal cord stimulator. The patient underwent a psychological evaluation and is considered an optimal candidate for the procedure.

The recommended trial of spinal cord stimulation is medically necessary for treatment of the patient's chronic back pain condition. The patient has an established and specific diagnosis of low back pain and has failed all acceptable and less invasive treatment options. He has undergone a psychological evaluation and the results have indicated he has depression directly related to his underlying chronic pain condition. The patient meets Official Disability Guidelines for an individual trial of spinal cord stimulation.

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)**