

**REVISED April 18, 2007**

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 03/22/07

**IRO CASE #:**

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

Percutaneous implantation of neurostimulator and insertion of spinal neurostimulator post generator.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified with American Board of Anesthesiology, Specialty in Anesthesiology and Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

\_\_\_\_\_ Upheld (Agree)

\_\_XX\_\_ Overturned (Disagree)

\_\_\_ \_\_ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. IRO assignment
2. MD office clinical notes dated 05/16/02 through 02/28/07
3. Carrier's records including summaries, correspondence, and coverage policies dated January 19, 2007 through February 28, 2007.

**INJURED PATIENT CLINICAL HISTORY (Summary):**

The patient is a female with a history of aching deep pain in the lower extremities in a stocking glove distribution. She has been diagnosed with diabetic neuropathy. She has received comprehensive conservative therapy over that time. She underwent a trial of spinal cord stimulation with a 75% reduction in pain.

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

The carrier's policy regarding spinal cord stimulator implantation is detailed and states that the patient must have either failed back surgery syndrome, a complex regional pain syndrome, or inoperable chronic ischemic limb pain. Additional criteria includes psychiatric clearance. The patient does not have any of the three conditions stated or psychiatric clearance documented in the reviewed records. The pain from diabetic neuropathy and complex regional pain syndrome are neuropathic in nature and have physiologic similarities. Small clinical series have documented the efficacy in extremity neuropathic disorders with spinal cord stimulation. Specifically, it has been found to be efficacious in diabetic neuropathy. Further literature review has indicated the efficacy of spinal cord stimulation in peripheral neuropathic pain. The requirement that the patient have psychologic evaluation is unlikely to shed new information in this case, given the diagnosis and chronicity. Nevertheless, the criteria is patient oriented and reasonable. The provider and patient should obtain psychologic clearance prior to proceeding. In sum, with psychiatric clearance, the procedure is indicated.

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

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) The decision is based on the available peer-reviewed medical literature. Stojanovic in Current Pain and Headache Reports, 2001, Issue 5, page 130-137, notes the efficacy of spinal cord stimulation and peripheral neuropathy

pain as does Cameron in a 20-year review in Journal of Neurosurgery 2004, Volume 100, pages 254-267. Daousi in Diabetic Medicine, Volume 22, Issue 4, pages 393-398, reports the efficacy of spinal cord stimulation in the long-term treatment of diabetic neuropathy.