DATE OF REVIEW: May 23, 2007

IRO Case #:

**Description of the services in dispute:**
Preauthorization Request: Medical necessity for Spinal Cord Stimulator Trial, (#63650) Implant Electrodes (#95971) Spinal Cord Stimulator Reprogram, (#76003) Fluoroscopy, and #00630 (mac Anesthesia).

**A description of the qualifications for each physician or other health care provider who reviewed the decision**
The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

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

Upheld

**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.**
Medical necessity does not exist for the requested Spinal Cord Stimulator Trial, (#63650) Implant Electrodes (#95971) Spinal Cord Stimulator Reprogram, (#76003) Fluoroscopy, and #00630 (mac Anesthesia).

**Information provided to the IRO for review**
Records Received From The State:
Notice to Institute, of case assignment, 5/14/07, 1 page
Confirmation of receipt of a request for a review by an independent review organization, 5/3/07, 8 pages
Pain management note, 3/22/07, 1 page

Preauthorization decision and rationale, 3/22/07, 1 page
Pain management note 4/12/07, 1 page
Preauthorization decision and rationale, 4/12/07, 1 page

Records Received From :
Note from, 5/4/07, 3 pages
Exhibit 1- company request for IRO, 5/3/07, 5 pages
Exhibit 2 – letter for medical dispute resolution, 5/1/07, 4 pages
Request for preauthorization, 4/11/07, 1 page
Email correspondence, 4/11/07, 1 page
Notes, 4/6/07, 1 page
Patient dispute information, 2/16/07, 1 page
Request for reconsideration, 4/4/07, 1 page
Myelogram report, 5/16/06, 1 page
Medication list, undated, 1 page
Additional patient data, 4/4/07, 9 pages
Preauthorization request, 3/22/07, 1 page
Denial letter, 3/22/07, 4 pages
Patient dispute information, undated, 1 page
Revised preauthorization request, 3/19/07, 3 pages
History and physical, 3/13/07, 6 pages
Email correspondence, 3/22/07, 1 page
Exhibit 3 – nerve conduction study report, 8/25/04, 4 pages
Exhibit 4 – exam note, 10/17/05, 2 pages
Exhibit 5 – CT report, 5/16/06, 2 pages
Exhibit 6 – follow up note, 9/13/04, 3 page
Follow up note, 11/4/04, 2 pages
Exhibit 7 – neurological consultation, 9/1/05, 5 pages
Exhibit 8 – operative note, 2/16/06, 2 pages
History and physical, 7/14/06, 4 pages
Exhibit 9 – pain management note, 2/24/07, 4 pages

Records Received From Dr.:
Additional data page 1, 4/4/07, 1 page
Fax cover sheets, 17 pages

## Patient clinical history [summary]

The patient is a male with a date of injury in xx/xx/xx. The patient had 2 lumbar surgeries, the

last in 2003. After this, he had TFEs (transforaminal epidurals) and caudal injections with 20% relief. He had PT (physical therapy), and narcotic and non-narcotic medications. He had a neuro evaluation in 9/05 that noted a normal EMG (electromyogram), no neurological deficits, and diagnosed him with myofascial pelvic pain. He had a CT (computed tomography) in 5/06 that showed lumbar stenosis. He had a psychological evaluation in 2/07 that showed high levels of somatization, but moderate anxiety and depression.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

This was denied multiple times before. This should be denied because there was no surgical consult to rule out surgery for his lumbar stenosis (Dr. states the patient is nonsurgical in his opinion, but he is a pain MD); no radicular findings on EMG or by neurologist consult (SCS is designed to treat radicular leg pain); high levels of somatization on psychological evaluation (this can minimize results of any treatment).

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

Common practice among pain and osteopathic physicians.

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