



DATE OF REVIEW:

05/10/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Pain Stimulator Surgery for treatment of complex regional pain syndrome type 1 also known as Reflex Sympathetic Dystrophy (RSD) to be scheduled 05/02/2007.

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

A Board Certified Doctor of Osteopathy and Physical Medicine and Rehabilitation.

REVIEW OUTCOME

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

Upheld (Agree)

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.

The requested pain stimulator surgery is not medically reasonable or necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 05/02/07
- Referral dated 05/02/07
- Letter from claimant's father dated 05/05/07 (first page only)
- Consultants: Letters dated 05/03/07, 04/23/07, 04/17/07 from M.D.
- DWC: Notice to, of Case Assignment dated 05/02/07
- Utilization: Letter dated 05/02/07 from Utilization Management
- DWC: Confirmation of Receipt Of a Request For a Review dated 05/01/07
- DWC: Request For a Review By An Independent Review Organization dated 04/29/07
- Letter dated 04/26/07
- Letter dated 04/23/07 from Utilization Review Nurse
- Consultants: Referral Form dated 04/03/07
- Consultants: Procedure note dated 04/03/07 from M.D.
- M.D.: Chart notes dated 04/02/07, 04/16/07
- M.D.: Progress Note dated 12/13/06, 04/10/07
- M.D.: Letter dated 11/30/06
- Undated fax from
- for Reference 32 (undated)
- Consultants: Procedure note dated 03/06/07 from M.D.

- Consultants: Procedure note dated 03/13/07 from M.D.
- Consultants: Procedure note dated 04/03/07 from M.D.
- Consultants: Procedure note dated 04/23/07 from M.D.
- Consultant note to M.D. from M.D. dated 04/17/07
- Appeal letter to dated 04/23/07 from M.D.
- Emergency Office Visit Note dated 4/24/07 from M.D.
- Telephone Conversation Slip with Dr. dated 04/25/07 from M.D.
- Letter to dated 05/07/07 (3 pages)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with a work injury involving a traumatic left great toe amputation, and has had long history of chronic left lower extremity pain with a reported chronic regional pain syndrome/RSD. Per clinic note on 12/13/2006, there was some decreased light touch sensation in the left leg, some decreased motor function in the left foot, and otherwise physical exam was unremarkable. Per clinic note on 04/23/2007, medication management for pain and previous lumbar sympathetic block treatment did not provide long-term pain relief. Also per 04/23/2007 note, spinal cord stimulator placement in the past helped for a few years, but recently the lead became dislodged and surgical revision to correct this problem was unsuccessful. Request for additional revision surgery is being requested to help improve his pain/function.

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

Since previous revision surgery was not successful, additional revision surgery may not necessarily be successful as well. There are also no documented lower levels of care addressing the injured individual's psychological issues or pain coping skill mechanisms. There is also no mention as to whether the injured individual has been proactive/compliant or not in doing his own home exercise program daily for long term maintenance and conditioning as well. Due to these issues, the requested pain stimulator surgery is not medically reasonable or necessary.

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: 2ND EDITION, CHAPTER 6 PAIN, SUFFERING, AND THE RESTORATION OF FUNCTION.

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION):**

Centers for Medicare and Medicaid Services (CMS) Guidelines on Implantation of Spinal Cord and Peripheral Nerve Stimulators.



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