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IRO America, Inc.

DATE OF REVIEW: 10/16/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Percutaneous implantation of a neural stimulator electrode RA, epidural (spinal cord stimulator).

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

M.D., board certified neurologist and fellowship trained pain specialist.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notification of denial of requested service dated 05/31/07, 07/24/07, and 09/25/07
2. Case report dated 05/31/07 and 06/04/07
3. External review report dated 09/24/07
4. Followup visit notes by dated 03/29/07
5. Consultation report from Medicine by Dr. dated 08/07/06
6. Lumbar spine MRI scan report with and without contrast dated 03/01/06 as well as 11/24/04
7. Psychological testing summary letter dated 04/04/07 by Dr. regarding clearance for spinal cord stimulator trial and implant
8. Letter addressed to Group from Dr. dated 06/08/07
9. Followup visit note at Medicine dated 02/20/07
10. Operative report for transforaminal lumbar epidural steroid injections on the left at L3/L4, L4/L5, and L5/S1 dated 11/11/05 as well as 10/14/05
11. Pain clinic consultation by Dr. dated 09/21/05
12. Lumbar discogram report dated 01/09/04

13. Followup office visit at Associates by Dr. dated 09/13/05 and 05/24/05
14. MRI scan report for lumbar spine dated 09/11/03
15. Followup visit notes by Dr. dated 08/24/07, 06/25/07, and letter of appeal dated 08/24/07 as well as 06/08/07 with additional followup visit notes dated 03/29/07, 02/20/07, 12/12/06
16. Medication list summary dated 08/24/07
17. No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a work-related injury while lifting a patient. She subsequently underwent a discogram study and eventual fusion surgery in the lumbar spine as well as laminectomy and discectomy with a later surgery in which the hardware was removed. The claimant has continued to have symptoms of low back pain as well as left lower extremity pain chronically including neuropathic component such as “burning dysesthesias” as well as “electrical sensations” involving the low back, left groin, as well as left leg. She has undergone various treatment courses including lumbar epidural transforaminal steroid injections at multiple levels on the left, physical therapy, and medication management with anti-inflammatory medication, antidepressants, as well as anti-epileptic medication such as Lyrica in addition to opioids such as hydrocodone and muscle relaxants. Physical therapy has been tried as well as psychological evaluation for possible depression associated with her chronic pain as well as for clearance for spinal cord stimulator trial. Apparently her current medications include Effexor, Norco 10/325 mg taking two to three per day, tizanidine as a muscle relaxer, Provigil, and Ambien. Because of ongoing difficulty with pain and unsatisfactory response to these multiple treatment attempts and interventions, a spinal cord stimulator trial with eventual implantation, if appropriate, was requested. Though the claimant initially had some reservations about this procedure, it appears that she has decided to proceed if approved.

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

After a careful review of all medical records, it is clear that this claimant has indeed undergone multiple treatment regimens for her ongoing back and left leg pain and clearly has a chronic neuropathic pain component in the left lower extremity. This has not responded to epidural steroid injections and selective nerve root blocks as well as physical therapy and multiple medication trials. The patient did not improve with an adequate treatment with membrane stabilizers such as Neurontin or Lyrica. It appears that the neuropathic component of her pain, which would be expected to be the most likely component to improve with spinal cord stimulation. Therefore, the Reviewer’s medical assessment is that this claimant would be a good candidate next for treatment with a spinal cord stimulator. The Reviewer considered the ODG Guidelines in the determination of the case, but as discussed above, the Patient’s circumstances were such that the Reviewer determined it was necessary to diverge from the Guidelines.

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 KNOWLEDGBASE**

- 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)**