

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EXT Trial Spinal Cord Stimulator

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

MD, Board Certified Orthopedic Surgeon

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)

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 reviewer finds that medical necessity does not exist for EXT Trial Spinal Cord Stimulator.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 8/5/08, 7/28/08
ODG Guidelines and Treatment Guidelines
Letter from Law Firm, 8/13/08
Post Myelogram CT Lumbar, date unreadable
PhD, 7/7/08
EMG Note, 7/21/08
MD, 6/16/08
Dr.7/8/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker who is a male. He was involved in a work-related accident. He had an L4/L5 laminectomy and subsequently had another herniation noted, resulting in a 360-degree fusion. According to the medical records, after the surgery, he developed bilateral leg weakness and numbness, worse on the left than the right. He has weakness of dorsiflexion on left and numbness on the L5 distribution of the foot. He has also had a C5/C6 cervical fusion and shoulder surgery, as well. He has diabetes. Apparently there are notes that he also has myeloma amyloidosis, Sjogren's, sarcoidosis, kidney disease, and thyroid disease. He has a marked neurological deficit noted based on examination of Dr. He has had a psychotherapy evaluation, which revealed significant negative psychological conditions related to his potential treatment with the spinal cord stimulator. In particular, he has significant depressive features and exhibits high pain level while not requiring medications. There is noted to be significant somatic focus. The psychologist recommended that the spinal cord stimulator trial be deferred until the psychological issues have been addressed.

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

Based upon this patient's clinical findings and neurological deficits and the absence of further surgical intervention being appropriate, this reviewer believes that this indeed is a patient who would be an excellent candidate for a trial of spinal cord stimulation. At this time, however, the reviewer cannot find medical necessity for the services requested, because of the reports of high levels of pain resulting in decreased level of functioning, the lack of necessity for pain medications, and Dr.'s note that there is a "moderately high probability that his psychological adjustment may interfere with his physical treatment." Dr. goes on to say, "It is difficult to discern the overall effects that prolonged pain have played in the psychological adjustment." Dr. further notes that this is a patient who is "importantly depressed and anxious." Dr. concludes that under his recommendations that "a delay in spinal cord stimulator trial while the patient undergoes psychotherapy for three months" would be advisable. It is with this psychologic evaluation in mind that while this reviewer is positive as to the indication for spinal cord stimulator once the psychological issues are addressed, that the previous adverse determination is at this time upheld. The reviewer finds that medical necessity does not exist for EXT Trial Spinal Cord Stimulator.

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)