



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 12/21/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Spinal cord stimulator trial.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas to practice medicine, who has completed a residency in Anesthesiology and fellowship in Pain Management, Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Medicine, and with over twenty years of experience in active practice of Pain Management

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Lumbar CT scan dated 10/19/06
2. Medical records from Dr. from 10/26/07 through 09/16/08
3. Psychologic evaluation performed by Dr. dated 11/06/08
4. Lumbar MRI scan report dated 11/26/07
5. Nerve conduction velocity report dated 02/06/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured in xx/xx. He apparently underwent lumbar fusion surgery at the L4/L5 and L5/S1 levels in 2004. A lumbar CT scan in October 2006 demonstrated evidence of the previous lumbar laminectomy and interbody fusion procedure with hardware but no evidence of solid fusion at either of the two levels.

On 10/26/07 the claimant was evaluated by Dr. for complaint of lumbar pain radiating to the left leg with numbness. The pain level was said to be 8/10. Dr. noted the claimant had a medical history of depression, heart disease, hypertension, hypercholesterolemia, and suicide. He noted the claimant had undergone open heart surgery and cardiac bypass as well as the previously mentioned lumbar surgery. Physical examination documented no motor or sensory deficit, normal reflexes, and normal sensation in both lower extremities. There was nonspecific tenderness throughout the lumbar spine as well as nonspecific muscle spasm. Dr recommended MRI scan, nerve conduction study, and bilateral medial branch blocks. Lumbar MRI scan was performed on 11/26/07, demonstrating a left L5/S1 lateral disc herniation encroaching on the left neural foramen but no abnormal contrast enhancement.

The claimant followed up with Dr. on 01/25/08, still complaining of the same lumbar and left leg pain with “onset one year ago.” The pain level was now said to be 4/10. Dr. documented that the pain began “after a fall.” Dr. noted the claimant had undergone various procedures on 12/18/07 including epidural steroid injections and right lumbar medial branch blocks, none of which gave him more than a few days of relief. Physical examination was the same as before with no significant findings. Dr. now recommended proceeding with radiofrequency ablation of the L1 and L2 medial branches and continuation of naproxen.

Nerve conduction studies were performed by Dr. on 02/06/08, demonstrating “slight sensory neuropathy.”

On 03/06/08 Dr. followed up with the claimant, documenting the same pain complaints with a pain level of only 2/10. Physical examination was again essentially normal and unchanged.

On 04/18/08 Dr. followed up with the claimant, now stating that the injection performed on 12/18/07, which he previously stated provided no more than a few days’ relief, now was said to have provided a couple of weeks of pain relief. The claimant’s pain level was 7/10. Examination was still the same with negative straight leg raising.

On 06/04/08 the claimant underwent lumbar paravertebral trigger point injections by Dr. , following up with him on 07/02/08, reporting absolutely no benefit. Pain level, however, was only 4/10. Physical examination was the same except now for positive bilateral straight leg raising. Dr. now recommended more medial branch blocks.

On 08/11/08 the claimant followed up with Dr. still complaining of lumbar pain but now with pain radiating to both legs, worst left. The pain level was still only 4/10. Physical examination was identical to the previous visit, and Dr. persisted in recommendation of medial branch block.

On 09/16/08 Dr. followed up with the claimant, noting the same complaint of lumbar pain now with only intermittent radiation to the legs, and pain level had increased to 6/10.

Physical examination was again identical to the previous two visits. Dr. recommended both bilateral lumbar medial branch blocks and a spinal cord stimulator trial.

On 11/06/08 Dr. evaluated the claimant for a “mental health assessment.” Dr. noted the claimant’s statement that pain medications were providing him with only “minimal relief.” In her evaluation Dr. did not make any mention of the prior suicide attempts as documented by Dr. . She merely chronicled the claimant’s subjective statements about his pain and administered Beck Depression Inventory and Beck Anxiety Inventory testing, both of which revealed “moderate” depression and anxiety. No MMPI-II testing was administered.

Two separate physician advisers then subsequently reviewed the request for the spinal cord stimulator trial on 11/04/08 and 11/21/08. Both reached the same independent conclusion, recommending nonauthorization of the procedure.

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

This claimant has clear evidence on lumbar CT scan in 2006 of failed fusion at the L4/L5 and L5/S1 levels as well as clear evidence on a recent lumbar MRI scan of residual left disc herniation at L5/S1. Either or both of these anatomic abnormalities could certainly be responsible for the claimant’s pain. Moreover, neither of these problems have been adequately evaluated or addressed, much less treated. Dr. has performed numerous medial branch blocks for the claimant’s complaints of lumbar and radicular pain, when medial branch blocks are not indicated for such a complaint nor would they be expected to provide any relief of such a complaint whatsoever. Therefore, the claimant has not had appropriate treatment for the pseudoarthrosis and disc herniation. By that criteria alone, the claimant is not an appropriate candidate for a spinal cord stimulator trial, as spinal cord stimulator implantation is not medically reasonable, necessary, or indicated in the presence of pathology that can otherwise be treated and, in this case, has not. Additionally, the psychologic evaluation performed by Dr. was severely lacking in its completeness and depth and did not include any of the psychologic tests that are recognized in medical literature and ODG Treatment Guidelines as being medically necessary for evaluation of a claimant’s psychologic status regarding appropriateness for surgical procedures such as spinal cord stimulation. Medical literature clearly supports the necessity of performing MMPI-II testing in order to determine whether a claimant is psychologically stable for trial and subsequent implantation of a spinal cord stimulator. In this case especially, such testing is of even greater necessity and importance, given this claimant’s long standing clinical history of depression and documentation of multiple suicide attempts. In all medical probability, this claimant is actually not an appropriate candidate for spinal cord stimulation from a psychologic perspective and certainly cannot be “cleared” for such surgery based on the minimal psychologic evaluation and testing that were performed. Therefore, according to nationally accepted medical standards of care, ACOEM Guidelines and ODG Treatment Guidelines, this claimant is not an appropriate candidate for a spinal cord stimulator trial, and, therefore, the previous recommendations for nonauthorization are upheld.

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 judgment, 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.)