

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

AMENDED
February 22, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Permanent implantation of neurostimulator

- 63685: Insertion of spinal stimulator
- 63650: For implantation of electrodes
- 77002: Fluoroscopic guidance
- 95972: Electronic analysis of implanted neurostimulator pulse generator system
- L8680: Implantable neurostimulator electrode, each
- L8687: IPG, dual array rechargeable plus extension

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation does not support the medical necessity of permanent implantation of neurostimulator

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization reviews (12/11/07 – 12/27/07)

M.D.

- Office notes (04/05/07 - 11/21/07)
- Procedures (09/05/06 - 11/12/07)

- Utilization reviews (12/11/07 – 12/27/07)

Insurance Company

- Office notes (08/23/06 – 10/18/07)
- Utilization reviews (12/11/07 – 12/27/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured.

1997-2005: Treatment history is not available.

2006: In August, M.D., a pain specialist, noted *the patient was status post injection with 50% improvement. He had been treated for chronic pain with various medications and physical therapy (PT). He wished to avoid surgery.* Dr. assessed lumbar facet syndrome, sacroiliac (SI) joint syndrome, and spondylolisthesis and refilled MS Contin, Elavil, Zanaflex, and Lidoderm patch. He performed a transforaminal block at L1 and L2.

2007: M.D., noted recurrence of pain at the thoracolumbar junction consistent with the L1-L2 disc herniation and refilled medications. In April, Dr. performed a lumbar transforaminal block which gave 10-15% improvement. He recommended left lumbar facet injections and a psychological evaluation for drug dependency. On November 12, 2007, Dr. performed a trial of spinal cord stimulator (SCS) with dual lead. The patient had excellent coverage and 60% relief with the SCS. Dr. recommended placement of permanent dual lead stimulator.

The request for the placement of permanent stimulator was denied with the following rationale: *Chronic low back and leg pain from lumbar spondylosis is not an indication for spinal chord stimulator. The patient had not had a surgery. Request does not meet ODG.*

The appeal of placement of permanent stimulator was denied with the following rationale: *There is no documentation of psychological screening to show that this patient is proper candidate. Per essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005 page 455 on patient selection states many patient with chronic pain will have some depressive symptomatology and psychological screening can be extremely helpful to avoid implanting patients with psychological disorders. Olson and Colleagues revealed a high correlation between many items on a complex psychological testing battery and favorable responses to trial stimulation. This had not been documented. Also conflicting peer review support. The American College of Occupational and Environmental Medicine Guidelines does not offer enough information on spinal chord stimulation. Documentation does not support effectiveness of trial stimulation to do a permanent stimulator. Patient does not state 50% coverage area. No documentation that patient increase activity, increase function, or decrease in pain medications.*

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

AS FAR AS THE MEDICAL DOCUMENTATION EXISTS, THERE APPEAR TO BE NONE OF THE FOLLOWING INDICATIONS FOR THE PLACEMENT OF A STIMULATOR IMPLANTATION:

Indications for stimulator implantation:

- • Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar.
- • Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)
- • Post amputation pain (phantom limb pain), 68% success rate
- • Post herpetic neuralgia, 90% success rate
- • Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)
- • Pain associated with multiple sclerosis
- • Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**