



Medwork Independent Review

1217 Menomonie Street
Eau Claire, Wisconsin 54703
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

02/13/2008

DATE OF REVIEW: 02/13/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Dorsal Column Stimulator Trial-Lumbar 11/27/2007 to 12/27/2007

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 01/28/2008
2. Notice to URA of assignment of IRO
3. Confirmation of Receipt of a Request for a Review by an IRO 01/25/2008
4. Company Request for IRO Sections 1-8
5. Request For a Review by an IRO patient request 01/22/2008
6. Letter Reconsideration 12/19/2007
7. Letter Notification of Determination 11/19/2007
8. Patient treating MD listing
9. Re-evaluation 12/20/2007 & 11/27/2007
10. UR fax cover 11/13/2007
11. Report 11/06/2007



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12. Re-evaluation 11/06/2007, 10/06/2007, 09/08/2007, H&P 05/25/2007
13. Texas notes 05/15/2007 & 05/14/2007
14. OP report 05/17/2005
15. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This is a male who sustained a work-related injury involving the lumbar spine. Subsequent to the injury, the claimant underwent a lumbar laminectomy at L4-5 level in 2001. Due to continued back and leg complaints, claimant underwent a L4-5 posterior interbody fusion. It appears that patient improved soon after the last surgical intervention but then developed recurrent low back pain with radiation to the left lower extremity. The patient was not considered reportedly a surgical candidate and was referred to pain management specialist Dr., M.D. Following performing interventional pain management injections consisting of caudal epidural steroids, claimant was provided only transient relief. Reportedly, the patient is working with increasing difficulties. The patient's medication management has escalated over the past several months with "poorer" control. Current medication management consists of OxyContin 80 mg t.i.d. with a BAS pain score of 8/10. The patient is also having breakthrough pain with this medication dosage.

Clinical examination from the most recent follow-up notes submitted indicates patient has an antalgic gait, left foot numbness/weakness with severe low back pain. Psychological testing in the form of a MMPI performed on 11/06/07 reveals that claimant's somatization score was in the average range and as well depression/anxiety scores indicate that the problems in these areas are minimal and are unlikely to interfere with treatment. From the information submitted for review, it appears that this patient has failed lumbar back surgery syndrome with intractable backache and lower extremity radiculopathy. He has significant dependence on opioids for pain relief which often is suboptimal. He has received multimodality treatments on a conservative basis to include individual pain management injections. All of these treatments have provided suboptimal pain relief. The patient is having difficulty maintaining daily activities/occupational abilities.

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

The recent denial for lumbar dorsal column stimulator trial is overturned. This patient meets the criteria to proceed with a lumbar dorsal column stimulator trial because: 1) Failed lumbar back surgery syndrome; 2) Intractable lumbar/lower extremity radiculopathy; 3) Opioid dependency; 4) Failure of conservative treatment; 5) Significant functional deficits; 6) Psychological clearance confirming he has no underlying primary psychiatric or psychological issues that would preclude the subsequent implantation of the device itself if the trial were to be successful. There is a functional goal as well as a discontinuation goal of claimant's opioid pain medication. Therefore, the trial is medically necessary and appropriate.

Guidelines and References used: Official Disability Guidelines, Treatment Index, Fifth Edition 2006/2007 under "Spinal Cord Stimulator Indications"; Pain Physician January 2007, Vol. 10, No. 1, pages 65-68 under "Implantable Therapies"; Advances in Pain Management Vol. 1, No. 2 2007 under article "Interventional Approaches to the Diagnosis and Treatment of Low Back



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Pain; Current Evidence", pages 54-59; Interventional Pain Management, Second Edition Editor Dr. Steven D. Waldman, Chapter 58 entitled "When All Fails; A Role for Implantable Pain Management Devices". Chapter 54, "Spinal Cord Stimulation and Intractable Pain, Patient Selection". Chapter 53, "Mechanism of External Spinal Cord Stimulation".

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)

1. Official Disability Guidelines, Treatment Index, Fifth Edition 2006/2007 under "Spinal Cord Stimulator Indications".



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2. Pain Physician January 2007, Vol. 10, No. 1, pages 65-68 under "Implantable Therapies".
3. Advances in Pain Management Vol. 1, No. 2 2007 under article "Interventional Approaches to the Diagnosis and Treatment of Low Back Pain; Current Evidence", pages 54-59.
4. Interventional Pain Management, Second Edition Editor Dr. Steven D. Waldman, Chapter 58 entitled "When All Fails; A Role for Implantable Pain Management Devices". Chapter 54, "Spinal Cord Stimulation and Intractable Pain, Patient Selection". Chapter 53, "Mechanism of External Spinal Cord Stimulation".

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Please see above in the references noted