

# **RYCO MedReview**

## **Notice of Independent Review Decision**

### **IRO REVIEWER REPORT – WC (Non-Network)**

**DATE OF REVIEW:** 01/08/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Subcutaneous Spinal Cord Stimulator Trial

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

Board Certified in Orthopedic Surgery

**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.

Subcutaneous Spinal Cord Stimulator Trial - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

A psychological evaluation with M.Ed., L.P.C. dated 06/13/06  
Behavioral medical service reports from Ms. dated 08/17/06, 01/31/07, 02/28/07, 03/28/07, 04/25/07, 05/23/07, 06/22/07, 07/20/07, 09/14/07, 11/09/07, 11/28/07, and 12/05/07

Physician Standing Order Forms from M.D. dated 10/31/06 and 10/10/07

Evaluations with Dr. dated 11/20/06 and 01/31/07

Explanation of benefits forms dated 11/21/06 and 11/27/06

An operative report from M.D. dated 11/27/06

X-rays of the thoracolumbar spine interpreted by M.D. dated 11/27/06

Evaluations with P.A.-C. and Dr. dated 12/18/06, 02/28/07, 05/07/07, 06/22/07, 08/17/07, 09/14/07, and 11/09/07

Evaluations with P.A.-C. and Dr. dated 03/28/07 and 05/23/07  
An order form from Dr. dated 03/28/07  
A toxicology report dated 03/28/07  
Preauthorization request forms from Dr. dated 05/21/07 and 06/27/07  
A letter of non-certification, according to the ACOEM Guidelines, from M.D. dated 05/24/07  
Evaluations with P.A.-C. and Dr. dated 07/20/07 and 11/28/07  
Letters from Reimbursement Specialist dated 10/04/07 and 10/24/07  
A letter from the Audit Department dated 10/11/07  
An evaluation with F.N.P.-C. and M.D. dated 10/12/07  
Laboratory studies dated 11/09/07  
An operative report from Dr. dated 11/15/07  
Letters of non-certification, according to the ODG Guidelines, from M.D. and M.D. at Inc. dated 12/04/07 and 12/14/07  
The ODG Guidelines were provided by the carrier  
Undated information regarding urine drug testing and clinical drug testing

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

On 06/13/06, Ms. recommended a neurostimulator trial placement. Unknown behavioral medicine services were performed with Ms. from 08/17/06 through 12/05/07 for a total of 11 sessions. On 11/20/06, Dr. recommended neurostimulator placement, Avinza, Lyrica, Ambien CR, and Cymbalta. On 11/27/06, Dr. placed the dorsal column stimulator and provided Norco, Phenergan, and Keflex. On 01/31/07, Dr. wanted to decrease the claimant's medications. A toxicology report on 03/28/07 showed evidence of Morphine and Hydromorphone. On 05/07/07, Dr. recommended a subcutaneous neural stem lead trial. On 05/24/07, Dr. wrote a letter of non-certification for the neural stimulator lead trial. On 07/20/07 and 11/09/07, Dr. recommended the neural stimulator lead trial and refills of Lyrica, Ambien, Cymbalta, and Avinza. On 10/12/07, Dr. recommended lumbar facet blocks. Bilateral lumbar facet joint injections at L4-L5 and L5-S1 were performed by Dr. on 11/15/07. On 12/04/07 and 12/14/07, Dr. and Dr. wrote letters of non-authorization for spinal cord stimulation trial.

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

Percutaneous spinal cord stimulation remains unproven. While deep spinal cord stimulation (that is spinal cord stimulation with the leads within the spinal canal) has achieved some recognition, the use of percutaneous leads through the control of back pain remains experimental and unproven. North et al published a prospective controlled trial in *Journal of Spine* in 2005, but these patients did not have already implanted deep spinal cord stimulators. I have been unable to find any articles within the medical literature that suggested such a combination of technology is advantageous and improves the clinical results for a patient.

The ODG criteria does not envision percutaneous spinal cord stimulator. This patient's stimulator has performed as one would expect, that is with relief of the radiculopathy, but with ongoing chronic lower back pain.

This patient has met the criteria for implantation of the standard spinal cord stimulator that is already in place. There is no scientific evidence to suggest that the additional of the percutaneous spinal cord stimulator will change the patient's pain pattern. Therefore, in my opinion, a spinal cord stimulator trial is not reasonable or necessary and is not supported by any of the guidelines I have reviewed, including the ODG, the ACOEM Guidelines, and the Practice Guidelines of the International Spinal Injection Society.

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

- X 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**
- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- X 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)**

*Journal of Spine* 2005

Practice Guidelines of the International Spinal Injection Society