

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW:

January 18, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Spinal Cord Stimulator

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

M. D., Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORHOPAEDIC 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

No ODG Guidelines

Medical Records Dr. 7/24/06, 9/28/06, 10/10/06, 11/10/06, 12/15/06,
10/24/07, 11/9/07, 11/14/07, 12/7/07, 18/08,

PT Records 1/5/07

3/31/06 case review Dr.

8/3/05 MRI report.

Dr. psychology assessment-9/6/06

Insurance Reviews-11/20/07; 12/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This farm worker injured his back at work. He had bilateral hemilaminectomies at L4-5 and L5-S1 on 2/9/05. He underwent a fusion on 10/12/05. He had ongoing symptoms post surgery. He was felt to have left facet syndrome, failed back syndrome, trochanteric bursitis, SI dysfunction with underlying diabetes and Parkinsonism. He had marked (80%) and sustained improvement of his pain with an epidural injection at L3-4. He is on methadone, amitryptiline, Darvocet and Celebrex. He is also taking Glucovance, Cozar, Stavelo and Tricor for diabetes, cardiac problems and Parkinsonism. The post op MRI showed post surgical changes at L4-5 and L5-S1 and a bilateral L4-5 psoterolateral HNP and bilateral facet arthropathy encroaching on the left neural foramen. He reportedly had some residual L5/S1 dermatomal pain. A psychological assessment was requested for appropriateness for the stimulator. It was not done per the records.

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

Spinal cord stimulation (SCS), per the ODG, is “Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated.... for Failed Back Surgery Syndrome (FBSS)...In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. “

It provides relief for neuropathic radicular pain secondary to failed back surgery (Kumar Pain. 207;132:179-188), but there is a high complication rate (Turner. Pain/ 2007;132:10-1). Success reduces baseline pain by 50%. This man described an 80% improvement from the baseline with the epidural injections and medications. There is a failure in 1/3 the patients in a recent random study. Therefore, after a careful review of all medical records, the Reviewer’s medical assessment is that the patient doesn’t meet the above criteria.

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)