



REVIEWER'S REPORT

DATE OF REVIEW: 07/13/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Spinal cord stimulator trial.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice, with board certification by the American Board of Family Practice

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)

Medical necessity does not exist for the trial of spinal cord stimulator.

INFORMATION PROVIDED FOR REVIEW:

1. TDI referral pages
2. IRO review information by two separate physicians, the initial and appeal
3. Carrier records
4. Various medical records of Dr. and Dr. with various dates, mainly in 2008

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The date of the injury was xx/xx/xx for this now xx-year-old male. He has had previous cervical spine surgery and fusion with facet blocks that helped significantly but only temporarily. His pain is in his neck and left shoulder, and his neck surgery was in the year 2000. He has been on multiple medications including Topamax, Lidoderm patches, tricyclic antidepressants, Imitrex injections, etc.

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

I based my review on experience with patients such as this that use spinal cord stimulators. Rather than go into a full detail of my reasoning, I would explain my opinion on two bases:

1. Failed back syndrome and spinal cord stimulation is often helpful in the treatment of the lumbar spine, but the cervical spine is less predictable and fraught with more difficulties. Neural stimulation is also usually ineffective in treating nociceptive pain. This appears to be a strong component in this particular patient. There appear to be no radicular findings on physical examination, and he appears to have more of a facet syndrome as evidenced by his significant response, although temporary, to the facet injections.
2. The impressive and complete literature review furnished by, D.O. of Anesthesiology and Pain Management Department clearly outlines a thorough review of the indications and studies involving spinal cord stimulator trials. The opinions and information listed in that review are thorough updates and cogent in this particular case.

These two issues support my decision to uphold previous adverse determination/determinations on appeal.

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.)

