

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

## Notice of Independent Review Decision

**DATE OF REVIEW: JULY 22, 2008**

**IRO CASE #:**

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

Spinal Cord Stimulator Trial/Cervical Outpt, 63650, 95971, 77002

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

M.D., board certified in Orthopedic Surgery and Pain Management

### **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.

The reviewer finds that medical necessity does not exist for Spinal Cord Stimulator Trial/Cervical Outpt, 63650, 95971, 77002.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 4/24/08, 5/20/08  
Patient Records, Dr. MD, 6/5/08, 5/12/08, 4/7/08, 3/11/08, 2/13/08, 12/11/07, 11/15/07,  
10/15/07, 9/19/07, 8/27/07, 7/30/07, 7/5/07, 5/24/07  
ODG-TWC Neck and Upper Back Chapter

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

This is an injured worker who sustained significant injuries to his skull including facial fractures by record. He has had an occipital nerve trial injection, which apparently gave him good relief. Consideration now is for the use of a spinal cord stimulator with

electrodes implanted upon the occipital nerves themselves. The rationale by the treating physician is found in a paper that he has included with his submission of medical records entitled, "Peripheral Neural Stimulation for Treatment of Intractable Neuralgia." In this study, they were appearing to support the use of neural stimulation. Three patients had to have their devices explanted because of loss of benefit or infection. Of the remaining six patients, five appeared to be either pain free or significantly improved. Five of the eleven patients studied appeared to be enjoying significant relief at two years post implantation. However, this study represents an extremely small group of patients. In addition, because this was a retrospective study, the reviewer cannot gain much insight into objective criteria, and believes this is certainly not a study that would be considered evidence-based medicine, but rather anecdotal.

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

As mentioned above, the study utilized by the providing doctor to support the use of this spinal cord stimulation system, peripheral neural stimulation, is of low-level medical evidence and as such, not sufficient to outweigh the evidence-based ODG Guidelines. It is for this reason that the previous adverse determination is upheld. The reviewer finds that medical necessity does not exist for Spinal Cord Stimulator Trial/Cervical Outpt, 63650, 95971, 77002.

**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**

The article provided by the requesting physician, "Peripheral Neural Stimulation for Treatment of Intractable Neuralgia," by Slaven Nersesyan Wess.