

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX
75038
972.906.0603 972.255.9712
(fax)

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 11, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed dual lead spinal cord stimulator trial under flouro and sedation (63650, 63651, 77003, D1992)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	63650, 63651, 77003, D1992		Prosp	1			Xx/xx/xx	xxxxx	Overtured

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old patient who has had a work-related accident back in xxxx and was having retractable pain. She complains of left hip and back pain. She has a pain level of 7 on a 1-10 scale. She has had multiple ankle surgeries by Dr.. She has had extensive treatment management by Dr., a pain specialist, including sympathetic blocks, the first of which gave 3 day's relief, but none have been successful since. She has had retractable pain requiring chronic pain medications and high-dose medications for control. She is an excellent and appropriate candidate for this procedure.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The ODG guidelines indicate a greater than 70% success rate with complex regional pain syndromes with the use of this procedure and therefore this is an appropriate use of this procedure.

The 2 reasons listed by the carrier for denial are:

1. Staph infection of the face, which is a relative contraindication and can be counted for by IV antibiotics at the time of lead placement for the trial.
2. There is an issue of psych evaluation discrepancies.

While a psych evaluation is important for the long-term use of stimulators, any person that is treated as a patient such as this with chronic retractable pain with the proven complex regional pain syndrome RSD knows that it is a difficult and sometimes impossible entity to treat. Spinal cord stimulation is an excellent treatment and gives excellent results. Despite any other negatives, it would most likely (even in light of questionable psych results) be an appropriate trial.

As an independent review physician, my job is to review medical data using my expertise and clinical understanding of these disease processes and the procedures requested. Despite some limitations of falling short of all the perfect stature under ODG guidelines, this patient clearly meets the ODG guidelines for this procedure. Therefore, I recommend that it be the denial overturned and the requested procedure be approved.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES