

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 03/27/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Peripheral nerve stimulator and battery change (63688)

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain 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)

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.

Peripheral nerve stimulator and battery change (63688) - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Operative reports from D.P.M. dated 10/21/97 and 01/05/98

An NCV study interpreted by M.D. dated 04/20/98
A procedure note from M.D. dated 04/20/98
Evaluations with Dr. dated 04/27/98, 06/11/98, 07/02/98, and 08/20/98
Operative reports from M.D. dated 05/13/98 and 07/28/98
Evaluations with M.D. dated 01/26/99, 03/25/99, 04/27/99, 06/15/99, 07/20/99, 09/30/99, 10/21/99, 11/11/99, 11/17/99, 12/14/99, 01/11/00, 02/29/00, 04/01/00, 08/24/00, 02/15/01, 01/15/04, 02/03/04, 03/11/04, 11/09/04, 02/28/05, 03/10/05, 03/27/05, 05/10/05, 06/28/05, 03/06/06, 04/04/06, 06/29/06, 10/10/06, 11/21/06, 12/12/06, 01/23/07, and 05/08/07
Operative reports from Dr. dated 03/29/99, 10/04/99, 02/14/00, 02/16/00, 02/18/05, 04/27/05, 03/06/06, and 08/09/06
A pathology report interpreted by M.D. dated 03/29/99
Evaluations with P.A.-C. for Dr. dated 10/04/99, 02/10/00, 02/14/00, 03/02/06, and 05/16/06
An evaluation with M.D. dated 01/20/00
A DWC-69 form from Dr. dated 01/27/00
A Notification Regarding Maximum Medical Improvement (MMI) dated 02/11/00
A prescription note from Dr. dated 02/14/00
A discharge note from Dr. dated 02/16/00
An evaluation with P.A.-C. dated 07/19/01
An evaluation with M.D. dated 08/21/01
An evaluation with M.D. dated 08/27/01
A patient questionnaire dated 08/27/01
An evaluation with M.D. dated 08/27/01
Rehabilitation counseling with an unknown provider (signature was illegible) dated 08/27/01
An orthopaedic service intake summary with an unknown nurse (signature was illegible) dated 08/28/01
X-rays of the right tibia/fibula interpreted by M.D. dated 08/28/01
Evaluations with M.D. dated 08/28/01 and 01/15/02
A radiology request form dated 08/28/01
An evaluation with M.D. dated 08/28/01
Evaluations with M.D. dated 09/21/01, 11/14/01, 04/10/02, 05/29/02, 06/19/02, and 07/31/02
A price list for emergency services from Hospital dated 10/04/01
Evaluations with an unknown nurse (signature was illegible) dated 10/10/01, 10/30/01, 11/01/01, 11/02/01, 11/16/01, 12/10/01, and 12/11/01
An evaluation with D.O. dated 03/16/02
An evaluation with M.D. dated 05/02/02
X-rays of the left distal femur interpreted (no credentials were listed) dated 05/02/02
An evaluation with an unknown provider (signature was illegible) dated 05/20/02
An evaluation with P.A.-C. dated 05/20/02
Laboratory studies dated 05/21/02, 12/01/04, 04/13/05, and 07/31/06

Evaluations with M.D. dated 08/27/02, 09/26/02, 10/24/02, 11/19/02, 12/30/02, 01/16/03, 02/11/03, 03/11/03, 04/08/03, 04/16/03, 05/11/03, 06/11/03, 07/09/03, 07/29/03, 08/20/03, 09/16/03, 10/07/03, 10/28/03, and 11/24/03

Emergency room records from an unknown provider (signature was illegible) dated 09/21/02, 09/25/02, 03/03/03, 05/04/03, 01/12/04, 01/13/04, 04/12/04, 05/15/04, and 05/17/04

Evaluations with D.P.M. dated 10/21/02, 10/29/02, and 11/26/02

Evaluations with M.D. dated 11/05/02 and 11/12/02

An emergency room report from an unknown nurse (signature was illegible) dated 12/19/02

A radionuclide bone scan interpreted by M.D. dated 01/10/03

X-rays of the left femur, tibia, and fibula interpreted by M.D. dated 03/03/03

A Required Medical Evaluation (RME) with M.D. dated 11/30/04

A chest x-ray interpreted by M.D. dated 12/01/04

A medical documentation review from M.D. dated 10/24/05

A chest x-ray interpreted by M.D. dated 03/02/06

A discharge note from Ms. dated 03/09/06

A letter of approval from Dr. dated 04/21/06

A physical therapy evaluation with an unknown therapist (signature was illegible) dated 05/23/06

Physical therapy with the unknown therapist dated 05/23/06, 06/06/06, 06/08/06, 06/12/06, 06/14/06, 06/15/06, 06/19/06, and 06/22/06

A physical therapy progress note with the unknown therapist dated 06/26/06

An evaluation with D.C. dated 01/22/08

A note from Dr. dated 01/23/08

An evaluation with Dr. (no credentials were listed) dated 02/16/08

Prescriptions from Dr. dated 02/16/08

A letter of adverse determination from M.D. dated 02/20/08

An authorization request from Dr. dated 02/21/08

Letters of adverse determination, according to the ODG, from Dr. dated 02/28/08 and 02/29/08

An IRO Summary dated 03/11/08

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 10/21/97, Dr. performed left foot second through fourth phalange arthroplasties, excision of the distal hallux fragment, and incision and drainage of the left foot. On 01/05/98, Dr. performed a phalangeal disarticulation and skin flap. An NCV study interpreted by Dr. on 04/20/98 was normal. A left lumbar sympathetic block was performed by Dr. on 04/20/98. On 05/13/98, Dr. performed amputation of the left great toe and neuroma excision. On 06/11/98, Dr. recommended Ambien, Wellbutrin, and Remeron. On 07/28/98, Dr. performed an arthroplasty and extensor tenotomy of the left second toe. On 03/29/99, Dr. performed a neuroma excision, revision hammertoe correction of the left second toe, and flexor tenotomies of the third and fourth toes. On

10/04/99, Dr. performed a sural neurectomy. On 01/20/00, Dr. placed the patient at MMI with a 10% whole person impairment rating. On 02/14/00, Dr. placed a peripheral nerve stimulator and on 02/16/00 he placed a generator and lead. On 02/15/01, Dr. performed a steroid injection of the left third toe. On 07/19/01, Mr. prescribed Neurontin and Percocet. On 01/15/02, Dr. recommended physical therapy and further surgical treatment. On 05/29/02, Dr. recommended Methadone, Elavil, Klonopin, and Zanaflex. On 07/31/02, Dr. performed peroneal and dorsalis pedis nerve blocks. On 10/21/02, Dr. recommended a nerve block of the ankle. On 11/26/02, Dr. performed a nerve block. A bone scan interpreted by Dr. on 01/10/03 revealed increased activity in the right ankle. On 01/15/04, Dr. performed a superficial peroneal nerve injection. On 02/03/04, Dr. performed a steroid injection to the foot. On 11/30/04, Dr. recommended keeping the peripheral nerve stimulator and tapering the medications. On 02/18/05, Dr. performed a neurolysis and replaced the nerve stimulator lead and generator. On 04/27/05, Dr. revised the nerve stimulator lead. On 06/28/05, Dr. recommended a below the knee amputation of the left leg. On 03/06/06, Dr. performed a below the knee amputation of the left leg. On 04/21/06, Dr. wrote a letter of approval for a below the knee prosthesis. Physical therapy was performed with an unknown therapist from 05/03/06 through 06/22/06 for a total of eight sessions. On 08/09/06, Dr. performed another reamputation of the left leg. On 01/22/08, Dr. recommended a pain management evaluation. On 02/20/08, Dr. wrote a letter of adverse determination for a battery change in the nerve stimulator. On 02/28/098 and 02/29/08, Dr. wrote a letter of adverse determination for the battery change.

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

Despite the fact that the initial placement of a peripheral nerve stimulator by Dr. provided this patient with fairly good relief when it was placed in February of 2000, it is abundantly clear that the patient obtained no significant benefit from the peripheral nerve stimulator once she moved sometime in 2001. The documentation clearly indicates the patient's use of significant amounts of narcotics to try to control pain, as well as documentation, that despite the use of these narcotics, she was not getting any clinically significant relief or functional improvement. This is documented, in fact, by Dr. on 01/15/04. Despite removal and re-implantation of the peripheral nerve stimulator lead on 02/18/05, the patient continued to have very significant pain, requiring restarting of all of her narcotics according to Dr. on 03/10/05, one month after he re-implanted the lead. Within one year of that re-implantation, the patient underwent primary below-the-knee amputation of the left leg by Dr. clearly demonstrating that the peripheral nerve stimulator was not providing her any significant relief whatsoever. There would have been absolutely no reason whatsoever for this patient to undergo lower extremity amputation if the

peripheral nerve stimulator were providing her with even a moderate amount of relief. The only logical conclusion, therefore, that can be reached is that the peripheral nerve stimulator was not providing this patient with any significant relief. Otherwise, there would have been no reason for the amputation.

Since the amputation, there has been no documentation of this patient gaining any significant benefit from the peripheral nerve stimulator. The most recent documentation, in fact, clearly indicates and demonstrates that the patient is on virtually all of the high-dose narcotic medication and opiates that she was taking all along. Absent any objective evidence of meaningful clinical benefit from the use of the peripheral nerve stimulator, there is no medical reason or necessity for its battery to be replaced. Additionally, there is no documentation provided that the battery is, in fact, at its end-of-life status, and, therefore, no documentation that the battery actually needs to be replaced.

Therefore, based on this lack of any objective evidence of clinical benefit of use of the peripheral nerve stimulator while it has been in place, demonstrated by the need for this patient to undergo left lower extremity amputation, as well as the lack of any objective evidence that the battery is, indeed, malfunctioning or at its end-of-life depleted status, there is no valid medical reason or necessity for replacement of the peripheral nerve stimulator battery. The requesting physician has failed to provide any valid medical evidence to support medical necessity for this request. The recommended non-authorization of the request for a peripheral nerve stimulator and battery change (63688), therefore, is upheld.

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)