



**REVIEWER'S REPORT**

**DATE OF REVIEW:** 05/31/08

**IRO CASE #:**

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

Single lead spinal cord stimulator trial.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Duly licensed in the state of Texas, the reviewer has over 20 years of clinical experience in the practice of Pain Management. The reviewer is Fellowship trained in Pain Management and is board certified in Anesthesiology with a certificate of added qualifications in Pain Medicine.

**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)

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

According to the records provided for my review, this claimant was allegedly injured on xx/xx/xx while lifting and pulling. No other information is provided regarding the claimant's clinical condition or initial treatment. An MRI on 01/09/07 documented “new postoperative changes” consisting of laminectomy at L4 and L5 with enhancing scar and granulation tissue on the left at L4-5. A non-enhancing 5-6 mm disc protrusion was also noted on the left at L4-5. The claimant was evaluated by Dr. on 01/29/08 complaining of ongoing lumbar and left leg pain despite Dilaudid, Lyrica and morphine. Dr. documented that a neuropractic procedure had apparently been denied, and therefore, recommending that the claimant undergo a spinal cord stimulator trial. The claimant was then referred to, Ph.D., for a psychological assessment on 02/13/08. In that assessment, the psychologist noted that the claimant was “periodically tearful and voiced recent suicidal ideation.” He also noted the claimant had recently stopped taking her diabetes medication and had recently been discharged from a 21-day stay at the hospital for pneumonia and uncontrolled diabetes. The psychologist noted that the claimant had “moderately severe to severe mood disorder,” stating that that was a risk factor for “poor

outcome to implantable spinal cord stimulation.” He also raised significant concern about the claimant’s suicidal ideation and her “uncontrolled and untreated diabetes.” Overall, he stated there were “reservations” for a spinal cord stimulator due to “moderately severe mood disorder and uncontrolled diabetes.” Two separate physician advisors reviewed the request for a spinal cord stimulator trial on 04/23/08 and 05/01/08, respectively. Both recommended non-authorization, expressing many of the same concerns as those expressed by the psychologist.

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

This claimant is not an appropriate candidate for a spinal cord stimulator trial for several reasons. Clearly, she is not an appropriate candidate from a psychologic standpoint, as the psychologist himself raises significant concerns regarding the claimant’s psychologic suitability, suicidal ideation, and moderate to moderately severe mood disorder. Second, because the claimant is not currently treating her diabetes, and, in fact, was hospitalized for both pneumonia and uncontrolled diabetes, her comorbid but work unrelated medical conditions are also a relative contraindication to proceeding with a spinal cord stimulator trial. Third, there has been no documentation of the claimant being reevaluated for possible recurrent disc herniation based upon the MRI studies, nor is there any documentation of any other treatment that has been provided to this claimant. Finally, the psychologic assessment was insufficient, as it did not include validity testing, personality testing (MMPI-2), or testing to assess whether the claimant had underlying psychological or psychiatric disorders. Therefore, for all of the reasons described above, and per ODG treatment guidelines, a spinal cord stimulator trial is not medically reasonable or necessary for this claimant’s current clinical condition, and, therefore, the recommendations for nonauthorization of the procedure are upheld. Numerous medical studies have clearly documented the high probability of poor long-term outcome with spinal cord stimulation for claimants who have psychologic profiles similar to this one. Similarly, medical literature clearly documents the high risk of postoperative complications and infection in any claimant who undergoes any type of surgery in the presence of uncontrolled and untreated diabetes. This claimant’s psychologic profile and medical status, therefore, are contraindications to a spinal cord stimulator trial.

**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.)