

# Applied Resolutions LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** 5/2/2008

**IRO CASE #:**

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

Removal, revision and replacement of dorsal column stimulator pulse generator and surgical leads through a laminectomy

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

M.D., Board Certified Neurosurgeon with additional training in Pediatric Neurosurgery

### **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)

Upon independent review the reviewer finds that the requested removal, revision and replacement of dorsal column stimulator pulse generator and surgical leads through a laminectomy is medically necessary.

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

Adverse Determination Letters 3/31/08, 3/19/08  
ODG Guidelines and Treatment Guidelines  
MD 3/11/08, 2/7/08  
Orthopaedic Surgery Group clinic note 3/27/07  
MD 4/8/08  
Chart Notes 4/4/08

Appeal Letter 3/24/08  
Pre-Authorization Request 3/14/08  
Diagnostic Requisition Form 2/7/08  
Clinic notes 11/09/2007, 11/02/2007, 10/12/2007, 9/14/2007, 04/04/2007, 03/30/2007,  
11/20/2006, 10/17/2006, 09/28/2006, 09/05/2006, 08/17/2006, 07/25/2006, 07/21/2006,  
07/18/2006, 03/29/2006, 03/22/2006  
CT Abdominal/Pelvis 4/4/07  
Urine culture 11/02/2007  
Urinalysis 11/06/2007  
Labwork 10/12/2007  
EEG Worksheet and Provisional Report 9/18/07  
Electroencephalogram 4/11/07  
Doppler Ultrasound of the carotid Arteries 4/4/07  
Metabolic Panel 4/4/07  
CT of the head report 04/04/2007  
Lab reports 10/17/2006  
Lab tests 07/16/2006, 10/1/2006, 09/05/2006, 09/06/2006, 07/26/2006  
Renal Ultrasound Report 10/17/06  
MD 7/21/06, 7/22/06  
Progress Note Dr. 1/8/08  
UR Comments 3/21/08, 3/28/08, 3/31/08

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

This is a male who was injured xx/xx/xx. The patient has long-standing chronic pain involving his back and neck and has an implanted dorsal column stimulator. Since the injury mentioned above, it is believed to not be working and perhaps one the leads is broken or misplaced. An interrogation of the device 04/04/2008 shows that the leads are compromised. Also, since the injury, he has had increasing weakness in his right arm. A CT myelogram reportedly showed disconnection of the leads from the pulse generator. The provider is recommending removal, revision and replacement of the dorsal column stimulator pulse generator through a laminectomy.

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

Upon review of medical records the reviewer finds that the requested removal, revision and replacement of dorsal column stimulator pulse generator and surgical leads through a laminectomy is medically necessary. The patient has had a dorsal column stimulator and this is now not working for him. An interrogation revealed a problem with the leads. A CT, by report, showed disconnection, although there is no actual report included in this review. However, there is enough evidence to warrant revision of the dorsal column stimulator based on the patient's complaints and interrogation of the system. The pulse generator has been in for several years, and should also be changed, as the battery life is typically 3-4 years.

### **References/Guidelines**

ODG "Pain"

**Indications for stimulator implantation:**

- Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar.
- Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)
- Post amputation pain (phantom limb pain), 68% success rate
- Post herpetic neuralgia, 90% success rate
- Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)
- Pain associated with multiple sclerosis
- Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina.

**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)**