

CORE 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Replacement of battery under fluoro w/IV sedation; Replacement of leads with dual cervical electrodes

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

MD, Board Certified in Anesthesiology 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 replacement of battery under fluoro w/IV sedation.

The reviewer finds that medical necessity does exist for replacement of leads with dual cervical electrodes.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/23/08, 11/3/08
ODG Guidelines and Treatment Guidelines
Preauthorization Form, 10/20/08
Ltd., 11/3/08
MD, 10/22/08, 10/15/08, 9/17/08, 10/2/08, 6/23/08, 2/29/08, 4/1/03, 1/25/07, 11/16/06
, MD, 10/15/08, 10/10/08
Procedure Note, 4/1/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has been receiving significant pain relief from a spinal cord stimulator for “over four years.” It is noted that sometime around September 2008 the spinal cord stimulator pattern changed and was causing uncomfortable stimulation in the patient’s upper back and neck. Attempts were made at reprogramming the spinal cord stimulator without success. An MRI showed that the leads had migrated laterally. A request has been made to replace the spinal cord stimulator leads. There has also been a request to change the battery since it is “near end of life.” The battery is four years old.

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

There is nothing specifically written in the Official Disability Guidelines regarding replacement of spinal cord stimulator electrodes/leads or the batteries for spinal cord stimulators. Based on the medical records provided, it appears that the spinal cord stimulator leads have migrated. Therefore, the reviewer agrees that it would be appropriate to replace these leads, especially since they were working well for four years. However, the request for a new battery is not warranted. It is noted that sometimes these batteries can last anywhere from 5-7 years depending on how often the patient uses the spinal cord stimulator. The records show that the battery is not currently at the end of its life, rather it is “near end of life.” Therefore, the reviewer finds that medical necessity does not exist for replacement of battery under fluoro w/IV sedation. The reviewer finds that medical necessity does exist for replacement of leads with dual cervical electrodes.

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)**