



Southwestern Forensic
Associates, Inc.

AMENDED September 11, 2008
DATE OF REVIEW: 09/06/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trial of spinal cord stimulator implant.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient

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)

INFORMATION PROVIDED FOR REVIEW:

1. , Inc. forms
2. referral forms
3. fax cover
4. Legal letter, 08/19/08
5. denial letter, 07/21/08
6. Carrier records
7. Legal letter, 08/22/08
8. ODG/TWC Guidelines, Low Back Pain, Chronic Pain, and Spinal Cord Stimulator passages
9. fax cover
10. Insurance verification
11. Letter of Medical Necessity, 07/10/08
12. Clinical notes, 06/19/08, 07/10/08, 12/17/07, 02/21/08, 01/24/08, 03/20/08, 05/01/08, 01/08/08
13. DMI x-ray report, 04/22/08, including lumbar discogram
14. fax cover, 06/24/08
15. entity listings for D.O., and , D.O.
16. Requestor records

17. , chronic pain evaluation, 04/01/08
18. Physical therapy report, 01/09/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year-old male suffered a straining injury to his lumbar spine on xx/xx/xx while moving heavy objects at work. His pain is principally lumbar with only minor radicular-like pain. He has had some response to treatment including nonsteroidal anti-inflammatory medication, pain medication, muscle relaxant medication, and physical therapy. MRI scan and discogram revealed multiple levels of degenerative disc disease. A trial of spinal cord stimulator has been requested and denied.

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

This patient's principle problem is degenerative disc disease at multiple levels with degenerative spondylolisthesis at more than one level. He has not received an extensive program of nonoperative treatment. There are other modalities to be tried before one would entertain a treatment requiring the surgical implant of a spinal cord stimulator. The full gamut of nonoperative treatments have not been attempted, and as such, the patient could not be considered chronic low back pain unresponsive to nonoperative means, and there has been no surgery that would result in a diagnosis of failed back surgery syndrome.

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, 2008, Low Back Chapter, Pain Chapter, Spinal Cord Stimulator passage
- 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.)