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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trial Tripole Spinal Cord Stimulator Implantation T8-T9 with Fluoroscopy

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

MD, Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Office notes, Dr. 04/16/08, 08/19/08, 10/08/08, 11/19/08, 12/24/08

Office note, Dr. 11/17/08

Chart note, Dr. 01/27/09

Medical record review, Dr. 02/14/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant who had a reported injury on xx-xx-xx. A physician record dated 04/16/08 noted the claimant with a history of low back pain and lower extremity pain and diagnosed with lower back pain syndrome, lumbar radiculopathy, lumbar disc herniation and chronic intractable pain syndrome. Conservative treatment for this claimant included epidural steroid injections with no improvement along with medications and physical therapy. An 11/17/08 consultation revealed the claimant with continued lumbar and bilateral posterior leg pain aggravated with sitting, standing and walking. A review of a lumbar MRI revealed degenerative disc disease L5 with a fairly prominent central and right paracentral disc herniation L5 that contacted the S1 nerve root but did not cause any significant displacement of the nerve. It was determined that the claimant would not benefit from surgery and would be at high risk for post-operative complications due to a past medical history of diabetes and obesity. Treatment options were discussed. A dorsal column stimulator or narcotic pain pump was suggested. The records indicated that the claimant received clearance from a psychological standpoint for a spinal cord stimulator.

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

In general, spinal cord stimulators are reserved for individuals who have failed to respond to either standard or non-operative interventions as per ODG criteria. In general, they are reserved for individuals who do not have a well defined operative lesion. In the records provided there is a report of an MRI scan which shows a large disc herniation to the right at L5 and EMG's which described severe radiculopathy. That said, a surgical evaluation in the record suggests that surgery would not be an appropriate treatment for this individual. In addition, other records suggest that this individual's pain complaints are diffuse in nature.

The nature of this individual's pain syndrome is unclear from the records. Its etiology is further unclear. Based on the information provided within the records it is unclear that this individual would represent a reasonable candidate for spinal cord stimulator and therefore the request can be viewed as neither reasonable nor medically necessary. The reviewer finds that medical necessity does not exist for Trial Tripole Spinal Cord Stimulator Implantation T8-T9 with Fluoroscopy.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates: Pain. Spinal cord stimulators.

Indications for stimulator implantation

- Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. 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 due to potential complications and limited literature evidence
- 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. (Flotte, 2004)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

- ACOEM-AMERICA 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)