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Notice of Independent Review Decision

DATE OF REVIEW: 11/25/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Trial Spinal Cord Stimulator under Anesthesia with fluro guidance with purchase of leads

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. IRO referral form.
2. Procedure notes Dr. 06/06/08 and 10/17/08 regarding occipital nerve blocks.
3. Procedure notes 06/18/08 Dr. regarding trigger point injections.
4. Procedure notes 12/16/08 Dr. regarding lumbar facet block.
5. Procedure notes 04/20/09 Dr. regarding trigger point injections.
6. Computerized muscle testing and range of motion testing 05/18/09.
7. Functional Capacity Evaluation 12/19/07.
8. Follow-up consultation note Dr. 07/01/09.
9. Functional Capacity Evaluation 08/11/09.
10. Psychological evaluation PhD 09/29/09 (partial report).
11. Follow-up consultation note Dr. 10/14/09.
12. Utilization review Dr. 08/05/09.
13. Utilization review Dr. 11/03/09.
14. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The medical records indicate the employee was injured secondary to motor vehicle accident when a car went into her lane, and she hydroplaned off the road hitting a tree head on.

The employee is status post lumbar fusion. She presented with chronic low back and right leg pain. The employee has been diagnosed with failed back surgery syndrome. The employee has been treated with multiple injections including trigger point injections, facet injections, and occipital nerve blocks without significant benefit. The employee is on polypharmacological regimen including Avinza, Lortab, Celebrex, Flexeril, Ambien, as well as Prozac and Wellbutrin. The employee was recommended to undergo spinal cord stimulator trial.

Initial preauthorization review on 08/05/09 by Dr. determined the request was not medically necessary. Dr. noted that, clinical practice and ***Official Disability Guidelines*** recommend psychological screening prior to spinal cord stimulator and intrathecal pump trial/implantation. Dr. further noted the requestor's office could not verify the employee had been cleared for the planned spinal cord stimulator procedure by way of proper psychological evaluation. Therefore, the request for trial was premature.

A reconsideration/appeal review by Dr. on 11/03/09 determined the request for trial of spinal cord stimulator under anesthesia with fluoro guidance with purchase of leads was not medically necessary. Dr. noted the appeal request included evaluation from Dr. who provided psychological evaluation on 09/29/09. Dr. noted only two pages were included in report and appeared to be incomplete. There was no information provided as to clearance from psychological standpoint.

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

The clinical data presented does not support a determination of medical necessity for spinal cord stimulator trial. The documentation for IRO review did include psychological evaluation; however, it is noted by Dr. there were only two pages of report with no information provided as to clearance from psychological perspective. Given the lack of appropriate documentation of presurgical psychological clearance, the previous denials of spinal cord stimulator trial appear to have been correctly rendered and should be upheld on IRO.

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

Official Disability Guidelines *Treatment Integrated Treatment/Disability Duration Guidelines,* Pain chapter, Online Version

Spinal cord stimulators (SCS)

Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain.

Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators)
Recommended pre intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. See the Stress & Mental Conditions Chapter.