

SENT VIA EMAIL OR FAX ON
Nov/28/2009

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/25/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left C6/7 dual lead SCS (spinal cord stimulator) trial

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines

Denial Letters 10/22/09 and 10/2/09

Dr. 11/4/09 and 10/13/09

Ortho 1/16/08 thru 10/14/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured by a crush injury in xx/xx that reportedly included fractures of the digits. The medical records are from Dr. who felt the man had CRPS. He based this on his description of edema, hypesthesia, diminished strength and sensation in 2008. There was some edema also described in the 9/24/08 note. The notes in 2009 were vague in the description of his symptoms other than he had left upper extremity pain and pain on palpation.

11/04/09 Dr. dismissed him.

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

The request is for a spinal cord stimulator for CRPS. The ODG does approve this for CRPS. The question is if this man has CRPS. There is reported hypesthesia and allodynia, or pain on palpation. He has good motion. Dr. objected to the concerns that the reviewers did not recognize a fruste form of the condition. The ODG recognizes many criteria to determine the diagnosis. While this man had pain, allodynia and hypesthesia, the sudomotor and temperature and other changes were not present. The ODG requires these to be present. In the absence, the diagnosis of CRPS is not made. Therefore, he did not meet the criteria for the spinal stimulator. This is a mute point as Dr. dismissed the man as his patient.

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)