

# Applied Resolutions LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jan/06/2009

**IRO CASE #:** xxxxx

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

trial spinal cord stimulator with leads, anesthesia, & fluoroscopy

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists

**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 Letter 11/6/08 and 12/3/08

Medical Case Notes 11/4/08 thru 12/3/08

Records from Dr. 6/18/08 thru 11/22/08

Psych Eval 10/22/08

Peer Review 1/29/08

Record from Dr. 10/9/06

**PATIENT CLINICAL HISTORY SUMMARY**

This patient was injured while on the job in xxxx. Since then, the patient has undergone two lumbar surgeries. The patient has also received interventional procedures with no benefit. The patient is also currently taking medications which are not helping out with the pain. A request has been made for a spinal cord stimulator trial. The patient has been seen by a psychologist on 10/22/08. At that time, the patient received psychological clearance. There were notes made though that the patient was "somewhat skeptical of the procedure." The recommendation at that time was for the patient to follow up with his physician, Dr. , to discuss his reservations regarding the procedure.

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

Per the Official Disability Guidelines, one of the indications for a spinal cord stimulator implant is "psychological clearance indicates realistic expectations and clearance for the procedure."

It is noted that there is psychological clearance for this procedure, but regarding realistic expectations, the patient still seems somewhat hesitant to proceed. The recommendation was made for the patient to follow up with Dr. to discuss his skepticism about the procedure. There are no notes indicating that the patient has followed up with Dr. . There are also no notes of any phone conversations that have occurred between the patient and Dr. . As a result, it is difficult to state whether there are “realistic expectations” from the patient. Therefore, a spinal cord stimulator trial is not indicated at this time.

**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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)