



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 7/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute is a bilateral C2-C6 dual lead SCS trial (63650, 95972 and 95973).

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

The reviewer is a Medical Doctor who is board certified in physical medicine and rehabilitation. This reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the services under dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Orthopaedic Surgery I.

These records consist of the following (duplicate records are only listed from one source): : 6/19/09 letter by MD, 4/28/09 psychological assessment, 6/3/09 letter by Dr. and office notes by from 1/14/09 to 5/11/09.

: 6/25/09 letter by 1 page untitled listing of providers, 5/22/09 denial letter, 6/15/09 denial letter, clinical intake of Ph D of 4/23/09, treatment history (13 pgs), medication history (6 pgs) and copy of the ODG Pain chapter to substance abuse.

We did receive a copy of the Pain chapter of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a female patient who was injured in a lifting accident. She has chronic neck and arm pain. The stated diagnosis is of cervical radiculopathy. She has been managed with narcotic analgesics, anticonvulsants, NSAID, muscle relaxants and ESI. She has been previously managed with C4 to C7 ACDIF. An MRI reveals spinal stenosis.

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

The ODG indicates the following as criteria for a program:

- 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.

All of the criteria set forth by the ODG have not been met. Furthermore, the reviewer is not provided with enough information to validate that the patient's symptoms are due to cervical radiculopathy. The AMA Guides recommends that electrodiagnostic studies be done to verify this cognition. None of the work up

provided indicates that the patient has pain due to CRPS/RSD or a spinal cord injury with secondary dysesthesias. Furthermore, the ODG indicates that there is not enough literature to support use of the SCS for cervical region.

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

- 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 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)