

SENT VIA EMAIL OR FAX ON
Jul/31/2009

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Spinal Cord Stimulator

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)

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured xx/xxxx. Her diagnosis was an ankle sprain. She continued to have ankle foot pain.

The clinical picture provided has conflicts. Dr. wrote in 1/14/09 the "She is nontender and neurovascularly intact other than the hypersensitivity." His comment on 3/30/09 "...she is tender in the ara (sic) of the peroneal tubercle and the lateral ankle in general is hypersensitive. No visible changes."

Dr. performed a Designated Doctor Examination on 2/27 He described some reduced right ankle motion. He noted in his report that warm baths, medication, rubbing and desensitization relieve the pain." He wrote "There were no scars, erythema, increased heat, edema/swelling, tenderness, and discoloration."

Dr. saw her on several occasions. He wrote initially on 1/14/09 that "ALLODYNIA

HYPERALGESIA HYPERPATHIA TROPHIC CHANGES NOT NOTED IN THE FOOT...HYPERHIDROSIS DYSESTHESIA noted IN THE FOOT on the right” He wrote on 3/25 “ ALLODYNIA DYSESTHEISA HYPERALGESIA HYPERPPATHIA TRHOPIC CHANGES IN THE RIGTHFOOT (SIC)” He performed 3 sympathetic blocks that reduced the dysesthesias by 50% or more. These were on 4/20, 54 and 5/14/09. His most recent exam on 7/10/09 described pain and some discoloration in the right foot. He noted aqua therapy helped.

Dr. noted anxiety and depression.

The diagnostic studies included a triple bone scan on 1/21/09 “This pattern is not suggestive of RSV.” The MRI on 4/9/09 was read as ‘negative.’”

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

The ODG approve the use, under certain conditions, of a spinal stimulator for the management of pain in people with RSD,CRPD-I. The issue, does she have RSD. The ODG cites conflicting criteria for the diagnosis of RSD. The only consistent description is the allodynia/hypesthesia with edema, changes in skin blood flow or sudomotor activity. The triple bone scan can help establish a questionable diagnosis, but is not always present. There was no bone (Sudek’s) atrophy described on the xray or MRI. There is pain, but the description of the findings of hyperpathia and allodynia were not described until the sympathetic blocks were planned. It is possible she has RSD, but the Reviewer is not convinced of this from the material reviewed. One issue is that she told Dr. that rubbing the area helped the pain. This may be true for some pain under the “Gate Theory,” but activation of the mechanico receptors is felt to be a cause of the worsening of RSD symptoms. Once the response to sympathetic blocks was considered a diagnostic criteria for RSD. That is no longer felt to be valid. Again, she may have RSD, but the Reviewer is not convinced from the material reviewed, and as such, the Reviewer cannot support the implant of a spinal stimulator at this time.

CRPS, diagnostic criteria ODG

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)