

# Becket Systems

An Independent Review Organization  
71 Court Street  
Belfast, ME 04915  
Phone: (512) 553-0533  
Fax: (207) 470-1075  
Email: [manager@becketsystems.com](mailto:manager@becketsystems.com)

**DATE OF REVIEW:**

Jun/17/2009

**IRO CASE #:**

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

Perm Implantation of SCS and PNS, 63685, 63650, 64555, 64575, 95972

AND

DME, IPG System L8687, L8681, L8680x16 units and L8689

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

M.D., board certified in Orthopedic 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**

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who has undergone previous spine surgery followed by a 360-degree fusion. He has had morphine pumps times two for his actual back pain. He had the last pump replaced due to infection. Reasons for removal of the pump are not clear from the records. He takes OxyContin, Norco, and Norflex. He has had a spinal cord stimulator trial, which apparently gave him 50% improvement in his pain complaints. The pain complaints apparently are low back pain rather than radicular pain, although there is radicular pain. He also works long hours off shore doing heavy labor as a duct mechanic/installer.

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

Based upon the Official Disability Guidelines, the previous reviewers have denied this request

due to the fact that the results obtained have not been documented to conform to the ODG Guidelines. While it is stated that the patient has some radicular complaints, the indication for this procedure are for those who have primarily lower extremity radicular pain where there has been limited response to noninterventional care. There needs to be a 50% or better improvement with the trial, which is stated to be the case within the medical records. However, there also needs to be documentation of reduction in medication usage. The only record that addresses this issue is a note that the patient was taking a couple of Norco less than usual. However, the prescriptions remained identical. Furthermore, ODG requires that there be a functional change, and none was documented. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Perm Implantation of SCS and PNS, 63685, 63650, 64555, 64575, 95972 and DME, IPG System L8687, L8681, L8680 x16 units and L8689.

**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)