

SENT VIA EMAIL OR FAX ON
May/08/2009

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW:

May/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trial Spinal Cord Stimulator, Anesthesia with Fluoro Guidance, and purchase of 2 leads

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 2/19/09 and 3/13/09

Dr. 4/23/08 thru 3/3/09

Radiology Reports 8/18/05

Psych Eval 8/20/08

Dr. 10/10/08

PATIENT CLINICAL HISTORY SUMMARY

This is a man with sacral pain (coccydynia) and paresthesias to his right leg. He was injured in xxxx. He had a coccygectomy in 2003 and sacral blocks with rhizotomy in 2007. Neither helped. The goal for the spinal stimulator is to reduce his pain and Norco use. He reportedly has a normal neurological examination and appropriate psychological assessment (8/08). His lumbar and cervical MRIs from 2005, prior to the coccygectomy, showed multilevel degenerative changes without stenosis, but there was a L2/3 disc protrusion. Dr. saw him in October 2008 and felt the man had no physical findings, but was worse off from the multiple procedures. He advised electrodiagnostic studies to rule out a radiculopathy. A prior reviewer suggested that a more recent MRI be performed.

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

Dr. and Dr. make valid points for thoroughness for recent diagnostic studies to determine if any treatable cause of his symptoms can be identified. The SCS is justified when less invasive procedures are excluded. The Reviewer gathers we can determine he has failed back syndrome with the coccygectomy. The goal to reduce pain and opiate use is valid. As such, even with the reservation of Dr. and Dr., the Reviewer's assessment is that the trial of a spinal stimulator is justified.

Spinal cord stimulators (SCS) 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)