

Prime 400 LLC

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DATE OF REVIEW:

May/08/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

63650 Trial of Spinal Cord Stimulator with Two Percutaneous Electrode Leads

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

Adverse Determination Letters, 3/6/09, 3/19/09

ODG Guidelines and Treatment Guidelines

, 4/8/09

MD, 4/6/09, 3/16/09, 3/2/09, 1/6/09, 4/14/09

Facet Joint Steroid Block, 2/2/09

History & Physical Exam, 5/15/08

Pain Relief Diary, 2/2/09-2/17/09

IRO Decision Letter, 10/18/07

IRO Decision Letter, 2/13/08

IRO Decision Letter, 12/28/08

IRO Summary from Carrier, 4/22/09

RME, 5/15/08

MD, 4/9/07

DC, 4/12/07

MD, 4/19/07

DO, 4/24/07, 6/4/07

DO, 6/4/07

MRI of Lumbar Spine, 4/19/07

EMG/NCV, 7/3/07

Fluoroscopic Guidance, 6/4/07, 6/18/07, 7/16/07, 2/2/09

X X, 11/27/07

MD, 3/28/08

MD, 7/3/07

Discogram and CT of the Lumbar post discogram, 3/28/08

Physical Therapy Records, 4/11/07-8/14/07, 35 visits

ESI, 6/4/07, 6/18/07, 7/16/07
Operative Report, Injection for Spine Disk, 3/28/08
Facet Joint Steroid Block, 2/2/09

PATIENT CLINICAL HISTORY SUMMARY

This is a patient who has had extensive non-operative care. She has had an MRI scan, which was unremarkable, and subsequently underwent a discogram, which is said to have resulted in concordant pain reproduction at two levels. She has been previously advised and recommended for surgical fusion at two levels, and this was apparently denied. The patient does have a clean drug screen, which apparently was of some concern to a previous reviewer. The current request is for spinal cord stimulator implantation.

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

This patient does not meet the ODG criteria for spinal cord stimulator implantation. The primary indication would be failed back syndrome in a patient who has already had a previous surgery. Lower extremity radicular complaints, limited response to nonconventional care such as physical therapy, and psychological clearance must be present. The records indicate this patient has no manifestation of chronic regional pain syndrome. This patient has had long term and repeated conservative efforts to resolve her pain issues, none of which seem to have given her any relief. It would appear that the indications for the requested procedure are denial of lumbar surgery. This is not an accepted criteria under the ODG Guidelines for spinal cord implantation. There has been no explanation provided with the records as to why the ODG Guidelines should be overturned in this particular instance. The reviewer finds that medical necessity does not exist for 63650 Trial of Spinal Cord Stimulator with Two Percutaneous Electrode Leads.

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 KNOWLEDGBASE
- 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)