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Notice of Independent Review Decision

DATE OF REVIEW: November 16, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Trial Precision SCS

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Utilization reviews (09/22/09, 10/11/09)
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- Office visits (06/18/09 – 08/13/09)
- Diagnostics (06/26/07)

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ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his back in the course of his work on xx/xx/xx.

The patient was seen on September 2, 2003, by M.D., who stated that he had a previous back problem in 1995 working on the same job and had a discectomy at L4-L5 at that time. On March 16, 2000, he had three epidural steroid injections (ESI) which gave him significant relief for two to three weeks. He was then treated by a chiropractor for a time and tried to return to work but was not able to because of back pain. In February 2002, M.D., an orthopaedic surgeon, performed a fusion at L3-L4, and L4-L5 with significant improvement in the pain and numbness in the legs for approximately a year. He was able to return to work for five months. Eventually, right-sided low back pain and right calf pain returned. Physical therapy (PT) gave him some relief and he was placed on Vioxx and Neurontin. In 2005, the patient had a psychological evaluation which concluded he had a major depressive disorder and pain disorder, and a chronic pain program was recommended. A computerized tomography (CT) myelogram of the lumbar spine was obtained showing an intact fusion from L3 to L5 and borderline motion at L2-L3. In 2006, Dr. saw him back for worsening low back pain. He reported Dr. had recommended a pain pump rather than surgery at L5-S1. Dr. prescribed Lidoderm patches, methadone, hydrocodone, MiraLax, Soma, and Provigil. In 2007, M.D., diagnosed status post discectomy and fusion at L3-L4 and L4-L5, borderline laxity at L2-L3 and stated that the length and frequency of treatment was quite prolonged since it had been five years since the fusion which had successfully consolidated without evidence of residual nerve impingement and no further treatment was indicated.

In June 2007, M.D., performed electromyography/nerve conduction velocity (EMG/NCV) study, which revealed chronic right L5-S1 radiculopathy. In July 2007, Dr. performed an ESI. Dr. recommended continued use of methadone, hydrocodone, and Soma. The patient was evaluated by M.D., who requested fusion at L5-S1. In 2008, M.D., reviewed the myelogram and CT scan which noted hypoplastic L5-S1 segment with the right transverse process articulating with the sacrum, and left facet hypertrophy. He tried the patient on OxyContin, Neurontin and Soma.

2009: In June, Dr. noted ongoing pain in the lower back, right buttock, and right anterolateral thigh and lower leg. The patient was utilizing Lyrica, Norco, and Soma. Examination revealed stabbing over the right lumbosacral area and lateral buttock and over the anterolateral thigh and lower leg, and burning in the heels bilaterally. Dr. diagnosed postlaminectomy syndrome, dominant right lumbosacral pain which could have a facetogenic or discogenic etiology, and secondary lower extremity pain which seemed L5 radicular in nature and possible lumbar radiculitis. He continued Norco, Soma, and Lyrica.

In July, Dr. performed a required medical evaluation (RME) and rendered the following opinions: (1) The current treatment was not reasonable and related to the original injury as there were no objective findings that indicated he had a persistent physical problem and the levels which were fused had long since consolidated and healed with no residual impingement. He would not require periodic follow-up visits even though continued complaints were expected. (2) Past treatment rendered had not been reasonable and necessary as there were signs of prolonged use of narcotics which were not reasonable. (3) No further treatment of any kind was indicated for the on-the-job injury which included medications, injections, chiropractic modalities, and adjustments. (4) No further medications, durable medical equipment (DME), and/or diagnostic testings were

medically necessary. Lyrica, Norco, and Soma could be weaned over a month and discontinued. A spinal cord stimulator (SCS) was not reasonable or necessary.

In July, Dr. requested an SCS for the diagnoses of lumbosacral spondylosis without myelopathy, lumbar radiculitis, and postlaminectomy syndrome. He initiated weaning of the medications starting with Soma first and then going to Norco and finally Lyrica.

On September 22, 2009, M.D., denied the request for a trial of SCS based on the following rationale: *“(1) The patient is stated to have continued pain, with a large range in the visual analog scale rating. (2) Mention is made that the patient is taking Soma, Norco, and Lyrica. (3) Mention is made of back pain with some radicular complaints. (4) It is not clear that facet pain has been identified. (5) There is no psychological clearance as requested by ODG (2009, September, pain, SCS). (6) There is no information about the provider to justify the procedure.”*

On October 12, 2009, M.D., denied the appeal for a trial of SCS based on the following rationale: *“(1) There is no documentation that establishes that the patient has been psychologically cleared for a trial of a SCS. (2) Dr. indicates that the patient has primarily low back pain and secondarily lower extremity pain. It was felt that the patient may have low back pain that is facetogenic or discogenic in nature. There is no documentation that other causes for the patient’s pain have been ruled out, including the above noted considerations for the patient’s ongoing primary low back pain. SCS are considered only after there has been failure of response to appropriate surgical and non-surgical attempts to control pain. (3) Although the patient was found to have chronic L5-S1 radiculopathy, there is no documentation that establishes that the patient has failed to respond to other standard conservative measures for chronic radiculopathy. (4) There is no documentation of an updated clinical examination from the primary treating physician which indicates that the patient is a candidate for the request trial of SCS.”*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. ODG SUPPORTS A TRIAL OF A SPINAL CORD STIMULATOR IN CASES OF FAILED BACK SYNDROME AND THIS CASE FITS THIS DIAGNOSIS. IT IS MY OPINION THE INDIVIDUAL IS A CANDIDATE FOR A TRIAL AND IF POSITIVE THEN ONE CAN PERFORM A PSYCHOLOGICAL EVALUATION PRIOR TO AN INVASIVE PROCEDURE IF DESIRED. HOWEVER, THE TRIAL IS REASONABLE FOR THE CONDITION AND SUPPORTED BY ODG.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES