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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Permanent Spinal Cord Stimulator under anesthesia with fluoro with purchase of equipment

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

M.D., Board Certified Orthopedic Surgeon

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

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter pain, spinal cord stimulator

Peer review 08/04/09

Peer review 08/28/09

08/18/05 MRI cervical spine

08/18/05 MRI lumbar spine

MD, operative reports, 04/11/06, 09/12/07

Office notes Dr. 04/09/07, 05/09/07, 07/02/07, 07/25/07, 08/29/07, 10/10/07, 12/28/07, 03/26/08, 04/23/08, 05/23/08, 06/23/08, 07/21/08, 08/18/08, 10/15/08, 11/12/08, 02/09/09, 05/06/09, 06/03/09, 07/01/09, 07/30/09, 08/14/09

Dr. Ph.d, psychological evaluation 08/20/08

Office note 12/10/08

CMT 05/06/09

MRI sacrum 06/01/09

MRI lumbar 06/01/09

Dr. operative report 07/27/09

Dr. letter of reconsideration 08/21/09

Dr. office note 08/28/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was status post xxxx coccygectomy and xx/xx/xx placement of trial of lumbar spinal cord stimulator. Dr. evaluated the claimant on 07/30/09 and the claimant noted

a good response following the trial. On 08/14/09, Dr. reported that the claimant had 50 percent decrease in coccyx pain during the trial. Dr. authored a 08/21/09 letter noting that the claimant had received 70 percent pain relief during the trial phase.

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

Records indicate that this is a variant of "failed back syndrome." Indeed, surgery has been performed, the procedure of coccygectomy performed in xxxx. It would certainly appear that pain complaints have persisted. There appears to have been subjective pain improvement with a trial stimulator. Whether the improvement was 50 percent or 70 percent would depend on whether one is reading an 08/14/09 letter or an 08/21/09 letter.

When one turns to the ODG guidelines, permanent implantation would require evidence of 50 percent pain relief, and medication reduction, or functional improvement. Functional improvement and medication reduction have not been documented in the records provided for this review. Without this documentation, the reviewer is unable to recommend as medically necessary the proposed permanent implantation at this time, as the request does not conform to the guidelines. The reviewer finds that medical necessity does not exist at this time for Permanent Spinal Cord Stimulator under anesthesia with fluoro with purchase of equipment.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter pain, spinal cord stimulator

Indications for stimulator implantation

Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence.

Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate (Deer, 2001) Post herpetic neuralgia, 90% success rate (Deer, 2001) Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) Pain associated with multiple sclerosis . Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004)

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)