

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070
Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030
e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 04/16/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Permanent spinal cord stimulator at Southwest Surgical Hospital

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Prior determination reports 03/03/10, 03/17/10
2. CT scan of the lumbar spine 03/17/09
3. Behavior health evaluation 01/20/10
4. Operative report 02/22/10
5. Postoperative follow up notes 02/25/10 and 03/23/10
6. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

The employee has previously undergone a posterior lumbar interbody fusion. On CT scan of the lumbar spine 03/16/09, there was L5-S1 spinal fixation with postsurgical changes without evidence of listhesis and mild disc bulges throughout the lumbar spine

with diffuse narrowing of the osseous spinal canal. The employee was recommended by Dr. to undergo a spinal cord stimulator trial. Behavioral health evaluation cleared the employee for the trial.

On 02/22/10, the employee underwent percutaneous implantation of neurostimulator electrodes. Post placement, on 02/25/10, the employee was reported to have indicated a 65-70% relief of low back pain and leg pain.

It was noted on radiographs on 02/25/10 that one of the leads had migrated caudally from its original placement.

On 03/23/10, the clinic note indicates that the employee felt like the stimulator would allow him to diminish his narcotic medications, and the employee felt that he would have greater functionality.

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

I agree with the previous denials that a permanent spinal cord stimulator would not be reasonable or medically necessary. There is no clinical documentation of medication reduction documented. Additionally, there is no evidence of objective functional improvement documented after the temporary trial. At this time, and in consideration of the records provided, there is little supportive evidence to recommend overturning the prior denials.

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

1. ***Official Disability Guidelines***, Pain Chapter, online version
2. MD, MD and, MD. American Society of Interventional Pain Physicians Practice Guidelines. *Pain Physician*, Volume 4, Number 1, pp 24-98, 2001.