



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: 10/05/10

IRO Case #:

Description of the services in dispute:

Items in dispute Neurostimulator Trial.

A description of the qualifications for each physician or other health care provider who reviewed the decision

This physician reviewer is board certified by the American Board of Physical Medicine and Rehabilitation in Physical Medicine and Rehabilitation. This reviewer is a member of the American Academy of Physical Medicine and Rehabilitation (AAPMR) and Physiatric Association of Spine, Sports and Occupational Rehabilitation (PASSOR).

Review Outcome

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

Upheld

The request for the Neurostimulator Trial is still upheld.

Information provided to the IRO for review

Records from the state

Company request for IRO, 9/22/10, 6 pages

Request for review by independent organization, 9/15/10, 2 pages

Workers' Compensation Services review summary, 9/14/10, 3 pages

Workers' Compensation Services notification of determination, 8/24/10, 3 pages

Letter of Medical Necessity, Dr. 8/19/10, 1 page

Letter of Medical Necessity, Dr. 8/13/10, 2 pages

Psychological Evaluation, LCSW, LPC, 8/06/10, 4 pages

Physical Medicine and Rehabilitation progress note, 7/28/10, 1 page

Physical Medicine and Rehabilitation progress note 6/17/10, 1 page

Physical Medicine and Rehabilitation progress note 5/25/10, 1 page

Physical Medicine and Rehabilitation progress note 5/04/10, 1 page

Physical Medicine and Rehabilitation progress note 3/30/10, 1 page

Physical Medicine and Rehabilitation procedure note 3/12/10, 2 pages

Physical Medicine and Rehabilitation progress note 2/15/10, 1 page
Physical Medicine and Rehabilitation progress note 12/30/09, 1 page
Physical Medicine and Rehabilitation procedure note 12/17/09, 2 pages
Physical Medicine and Rehabilitation progress note 12/08/09, 1 page
Physical Medicine and Rehabilitation procedure note 10/05/09, 2 pages
Physical Medicine and Rehabilitation progress note 8/26/09, 1 page
MD test 5/19/09, 2 pages
Physical Medicine and Rehabilitation initial outpatient comprehensive visit 4/21/09, 3 pages
Advanced Imaging MRI of lumbar spine 1/09/08, 3 pages
Workers' Compensation Services review summary 8/24/10, 2 pages
MD letter 8/26/10, 2 pages
MD letter of medical necessity 8/13/10, 2 pages
Psychological Evaluation, LCSW, LPC, 8/06/10, 4 pages

Patient clinical history [summary]

The patient is a female who sustained an on injury on xx/xx/xx. She slipped and fell from a 3-step ladder sustaining an injury to the lumbar spine. The MRI documented small disc bulging effacing the interior branch of the L5 roots with a 3 mm focal disc herniation at L5-S1. The patient received an electrodiagnostic study on 5/19/09 revealing evidence of mild acute L4, L5-S1 radiculopathy. The patient underwent injections at the sacroiliac joint and at L4-S5. The patient has had a psychological evaluation performed on 8/06/10. The patient had hydrocodone and Trazodone. The patient had a BDI score of 20 and was recommended to undergo cognitive therapy.

Date of Injury: xx/xx/xx: As per risxfacs injured worker fell from a 3-step ladder and sustained injury to the lumbar spine. As per medicals injured worker continues with chronic pain syndrome due to trauma and bilateral lumbar radiculopathy with motor sensory deficits. Injured worker has had multiple steroid injections and other conservative treatment modalities of physical therapy; large amounts of narcotic analgesics, and activity modification have been tried and proven unsatisfactory, in relieving and or controlling injured workers pain.

Diagnosis: 724.4: Thoracic or Lumbar neuritis

Diagnostic imaging or other therapies:

MRI study in 2008

EMG study on 5/19/09

Multiple injections to the sacroiliac joint of the lumbar spine through 2010, and a psychological evaluation.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

This is the final level appeal of services being denied as not medically necessary. Services denied:
Neurostimulator Trial

The request for the Neurostimulator Trial is still upheld. The request for the Neurostimulator Trial does not fall within guidelines for this treatment; hence, this request is not medically necessary.

For detailed reasons please refer to ODG guidelines below.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Complex regional pain syndrome (CRPS), spinal cord stimulators (SCS)– ODG Guidelines Recommended as indicated below. Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. SCS use has been associated with pain reduction in studies of patients with CRPS. (Kemler, 2000) (Kemler, 2004) (Kemler, 2008) CRPS patients implanted with SCS reported pain relief of at least 50% over a median follow-up period of 33 months. (Taylor, 2006) Moreover, there is evidence to demonstrate that SCS is a cost-effective treatment for CRPS-I over the long term. (Stanton-Hicks, 2006) (Mailis-Gagnon-Cochrane, 2004) (Kemler, 2002) Permanent pain relief in CRPS-I can be attained under long-term SCS therapy combined with physical therapy. (Harke, 2005) See Spinal cord stimulators (SCS). ODG Guidelines Literature studies.