



REVIEWER'S REPORT

DATE OF REVIEW: 12/19/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Application of spinal cord stimulator

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients with spine injuries

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI referral forms
3. Denial letters 10/29/09 and 11/10/09
4. Carrier records
5. Clinical notes, xxxxxx, thirteen records between 12/27/07 and 10/07/09
6. MRI scan of the hips bilaterally, 04/17/08
7. X-ray report, 03/31/09
8. CT scan of abdomen and pelvis with and without contrast, 04/03/07
9. Emergency room demographics form
10. Emergency room evaluation, 04/03/07, with lab data, 04/03/07, chest x-ray, and information sheet
11. Lumbosacral spine film x-ray, 04/03/07
12. Thoracic spine x-ray report, 04/03/07
13. EMG/nerve conduction study, 04/17/08
14. Operative report for epidural steroid injections, 04/18/08 and 07/17/08
15. Operative report, 04/23/08, for median branch block application for facet joints, L1/L2 and L2/L3

16. TWCC-73 forms between 04/25/07 and 06/27/07, four forms
17. Functional Capacity Evaluation, 05/29/08
18. Operative report, 06/18/09, median branch blocks and facet joint blocks, L1/L2, L2/L3, and L3/L4
19. Lumbosacral spine x-rays, 06/27/07
20. xxxxx, 07/23/08
21. TWCC report of medical evaluation, 07/30/08
22. Case summary report, 08/03/09
23. Facet rhizotomy operative report, 09/03/09
24. Scheduling slip, 07/28/09
25. COPE Evaluation, 10/14/09
26. History and physical examination, 10/17/07
27. HICF form, 12/27/07
28. X-ray reports, 12/27/07
29. First Report of Injury
30. URA records including insured worker information

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient fell from a ladder on xx/xx/xx, suffering contusion of the soft tissues as well as multiple transverse process fractures on the left side from T12 to L3. He has been evaluated on a number of occasions with a number of studies. He has been treated with medication, activity modifications, and epidural steroid injections as well as local nerve block applications to multiple facet joints. He continues to suffer chronic pain. The most recent recommendation for the treatment of the chronic pain has been the insertion of a trial spinal cord stimulator as a treatment for his chronic pain. The recommendation for the spinal cord stimulator has been considered and denied, reconsidered and denied.

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

It appears that this patient suffers chronic pain, possibly on the basis of the nonunion of the transverse process fractures on the left side from T12 through L3. There has been no spinal surgery, and there is no diagnosis of chronic regional pain syndrome. According to criteria published in the ODG Pain Chapter, the insertion of spinal cord stimulators should be essentially reserved for failed back syndrome. There is no history here of any spine surgery which would allow for that diagnosis. It appears that this procedure is not appropriately indicated, and the prior denials were appropriate and should be upheld.

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

(Check any of the following that were used in the course of your review.)

_____ ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)