

SENT VIA EMAIL OR FAX ON
Apr/04/2011

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Tripole Spinal Cord Stimulator Trial with Fluoro

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

Board Certified Anesthesiologist/Pain Management

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

OD Guidelines

1. Clinical records Dr.
2. Clinical records Dr.
3. Urine drug screen dated 11/24/10
4. Urine drug screen dated 09/30/10
5. Urine drug screen dated 06/23/10
6. Clinical records Dr.
7. Urine drug screen dated 04/28/10
8. MRI lumbar spine dated 03/26/10
9. Operative report dated 04/08/09
10. Electrodiagnostic report dated 01/05/09
11. Utilization review determination dated 02/23/11
12. MRI lumbar spine dated 03/30/07
13. Utilization review determination dated 02/24/11
14. Utilization review determination dated 03/03/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is reported to have sustained work related injuries on xx/xx/xx. On this date he is reported to have been moving a steel table when he developed low back pain. He's reported to have been off work approximately a month and then returned

back to work. He reports falling last year and not being able to get up. The injured employee subsequently came under the care of Dr.. On 01/05/09 the injured employee was referred for electrodiagnostic studies of the lower extremities. The injured employee reports that he has three herniated discs and he has pain radiating to the toes bilaterally. He reports generalized weakness and uses a four-post walker at home and a single point cane in the community. On physical examination he has a broad based slow gait and lists to the right side. He reported significant pain on the left. He has some generalized weakness, but there are no focal areas of significant weakness. He has some difficulty with control and decreased sensation distally. He has abnormal sensation, either hyperesthesia or decreased sensation in medial knee, bilateral malleolar dorsum of distal foot, and in popliteal fossa. He has increased reflexes mildly with 3+ reflexes in patella, calcaneus and plantar bilaterally. He is reported to have weak Hoffman's sign on right. He has good bulk in bilateral lower extremities but displays significant amount of generalized weakness. EMG/NCV studies suggest peripheral neuropathy. There was no evidence of lower extremity radiculopathy. The patient's symptoms are suggestive of neurogenic claudication. Records indicate the injured employee was initially recommended to undergo multilevel lumbar fusion which was not approved under utilization review and subsequently Dr. performed L2-S1 laminectomy and facetectomy on 04/08/09.

When seen in postoperative follow-up on 05/07/09 it was reported the injured employee is doing better in regards to lower extremities; however, he reported issues with cognition. He was referred for MRI of the brain and discontinued on Valium and Hydrocodone and was provided Ultracet. Staples and sutures were removed at this visit. Records indicate the injured employee had continued complaints of low back pain that was unremitting. On 12/15/09 he underwent radiographs which included flexion / extension views that reported retrolisthesis at L2-3 and L3-4.

A repeat MRI of lumbar spine was performed on 03/26/10. This study notes a mild broad central disc herniation at L1-2 with bilateral facet osteoarthritis. There is mild spinal canal stenosis and mild bilateral foraminal narrowing. At L2-3 there is uncovering of disc related to retrolisthesis with superimposed mild disc bulge and left subarticular disc herniation. There is bilateral facet osteoarthritis. There is no significant spinal canal stenosis. There is moderate bilateral foraminal narrowing. At L3-4 there is moderate disc bulge with superimposed right central to right lateral disc herniation, bilateral facet osteoarthritis. There is no significant spinal canal stenosis. There is moderate to severe bilateral foraminal narrowing right worse than left. At L4-5 there's a moderate disc bulge with superimposed small right lateral disc herniation. There's bilateral facet osteoarthritis with no significant spinal canal stenosis. There is severe bilateral foraminal narrowing left worse than right. At L4-5 there's bilateral facet osteoarthritis with no spinal canal stenosis. There is mild bilateral foraminal narrowing.

On 04/14/10 the injured employee was seen in follow up by Dr.. On review of the MRI Dr. recommended an L3-4 L4-5 and L5-S1 instrumented fusion.

On 04/26/10 the injured employee was seen by Dr.. At this time the injured employee presents with low back pain and right upper extremity pain. He reports his VAS ranges between 6-10/10. On physical examination his lumbar scar is healed. His posture is normal. Range of motion has pain with flexion extension of the lumbar spine. Straight leg raise is positive bilaterally with diminished sensation and diminished strength. Pain management options were discussed with the injured employee. He was referred to Dr. for psychological treatment and acupuncture. Records indicate that this request was not approved.

On 06/21/10 the injured employee was seen by Dr.. It is reported that the injured employee has been identified with a need for further surgery. Dr. suggests a spinal cord stimulator as an option.

On 01/14/11 the injured employee was seen in follow up by Dr.. The injured employee was opined to have a chronic intractable pain syndrome. He continues to have low back pain and post laminectomy syndrome. He's reviewed information regarding spinal cord stimulation and would like to proceed with the trial. Physical examination he has well healed scar. He

has pain reproduction with flexion and extension. He is reported to have radiation into the L4 distribution. His current medication profile includes Lyrica, Kadian. He is to be referred for psychological clearance.

On 02/15/11 the injured employee was seen by PhD. Dr. very limited examination of the injured employee reports that there are no signs of any psychopathology. His psychological status is unremarkable. He has valid MMPI-II. His BDI and BAI were mild. Dr. subsequently cleared the claimant for spinal cord stimulator procedure.

On 02/18/11 the request was reviewed by Dr. Dr. notes that there is no indication that the injured employee has undergone a pre-procedure psychological evaluation as required by current evidence based guidelines. He reports that there is no comprehensive assessment of treatment to date or the injured employee's response thereto. He opines that the request for spinal cord stimulator is not medically necessary at this time.

On 03/03/11 the case was reviewed by Dr.. Dr. notes this is appeal to previous preauthorization request, which was denied. Dr. non-certified the request. He noted there was no documentation indicating treatment modalities had been tried and failed. There was no documentation to support the pain is neuropathic in nature resulting from actual damage to peripheral nerves. He notes common indications include but are not limited to failed back surgery syndrome, complex regional pain syndrome, arachnoiditis, radiculopathy, phantom limb stump pain, and peripheral neuropathy. He notes there is not documentation to support any of these. He notes spinal cord stimulation is generally not effective in treating nociceptive pain. He noted that although there is indication psychological evaluation was done, the psychological evaluation was not included for review. He subsequently recommended against certification.

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

The request for trial of tripole spinal cord stimulator to be placed under fluoroscopy is not supported by the submitted clinical information. The available clinical records indicate the claimant is a male who has history of intractable low back pain with subjective reports of radiation into bilateral lower extremities. The records include EMG/NCV study dated 01/05/09, which indicate the claimant has past medical history, which includes type II diabetes. This study was minimally suggestive of peripheral neuropathy with no evidence of lumbar radiculopathy. Records indicate the claimant underwent extensive conservative treatment and ultimately was taken to surgery and underwent decompression from L2-S1 on 04/08/09. Postoperatively the claimant had continued low back pain with radiation of bilateral lower extremities. The most recent MRI is dated 03/26/10, which shows multilevel disc protrusions with mild spinal canal stenosis. There is a mild retrolisthesis of L2 on L3 and L3 on L4. The records indicate the claimant has failed back surgery syndrome and has been treated with opiate medications. Serial urine drug screens indicate the claimant is compliant with treatment. A subsequent request was placed by Dr. for trial of dorsal column stimulation. The initial reviewer did not have the claimant's psych evaluation and subsequently the request was denied. The clinical record included the rather brief psychological evaluation which reported the claimant is psychologically cleared for spinal cord stimulation. An appeal request was subsequently submitted for review in which the reviewer notes a lack of documentation supporting the failure of conservative treatment. The records provided clearly indicate the claimant has failed operative and non-operative treatment. Subsequently, the request was primarily denied due to lack of documentation of psychological screening. He notes while the claimant has subjective reports of lower extremity pain, there is no indication the claimant has clinical evidence of radiculopathy. As such, the reviewer finds the claimant does not meet criteria per ODG. Based on the clinical information provided, the claimant is not a candidate per ODG guidelines. While the claimant has failed back surgery syndrome, it has not definitively been established that he is not a candidate for additional surgery, but more so there is no objective evidence of radiculopathy. Previous EMG/NCV studies suggested presence of peripheral neuropathy which would be secondary to claimant's long-standing history of type II diabetes. As such, the claimant does not meet criteria per the ODG guidelines, and therefore previous determinations are upheld.

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)