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Notice of Independent Review Decision

DATE OF REVIEW: December 31, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Dual lead spinal cord stimulator trail: 63650, 77002, 95972, L8680

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

DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY
DIPLOMATE, AMERICAN ACADEMY OF 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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- M.D., 01/27/10, 02/22/10, 04/15/10, 05/06/10, 11/02/10, 11/08/10
- M.D., 04/26/10
- M.D., 10/21/10
- Ph.D., 12/01/10
- 12/08/10, 12/16/10
- Texas Department of Insurance, 12/20/10

Medical records from the Provider include:

- Request for a Review by an Independent Review Organization, 12/13/10
- M.D., 01/29/10, 03/03/10, 04/26/10, 05/06/10, 11/02/10
- M.D., 04/26/10
- M.D., 10/21/10
- Ph.D., 12/01/10

PATIENT CLINICAL HISTORY:

The description of services in dispute is dual lead spinal cord stimulator trial. The review outcome is overturned, previous non-authorization.

This is a male who sustained a work-related injury on xx/xx/xx, involving the lumbar spine secondary to a lifting-type mechanism.

Subsequent to the injury, the patient underwent a lumbar laminectomy in 2009.

Following this, the patient completed post surgical physical therapy, medication management, and interventional pain management injections (transforaminal ESIs), with continued low back pain radiating to the lower extremities.

From the most recent progress note provided by the treating physician, M.D., the patient continues to complain of back pain with radiation to the lower extremities; specifically, involving the bilateral posterior thighs and the left anterior leg. The current medications consists of Norco 7.5 mg, one every four to six hours, and Celexa 40 mg, a day. The pertinent clinical examination reveals limited range of motion with extension; sensory deficits noted in the left L5 distribution; and positive bilateral Kemp's test, positive bilateral Slump test (back pain/radiculopathy).

The submitted EMG/Nerve conduction study performed on October 21, 2010, reveals electrical evidence of mixed demyelinating motor and sensory polyneuropathy; this appears chronic without acute or ongoing axonal denervation. Chronic radiculopathy cannot be excluded due to the significant pathological findings of the lower extremities.

There was request for a lumbar spinal cord stimulator trial presented by the treating physician to help better manage the patient's pain symptoms.

There was a psychological evaluation performed on December 1, 2010, confirming the patient had no underlying primary psychiatric or psychological issues that would preclude the performance of a spinal cord stimulator trial and/or implantation of this device.

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

After review of the information submitted, the current non-authorization for the implantation of dual lead spinal cord stimulator trial has been overturned. The request is within the ODG Guidelines, and is medically appropriate as indicated. There is no reason from the information noted to contraindicate this procedure. The indications for stimulator trial are, in accordance with ODG Guidelines, Treatment Index, 8th Edition (Webb), 2010, under spinal cord stimulator indications note failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for the lower extremity than low back pain, although both stand to benefit, 40%-60% success rate five years after surgery. It is noted to best work for neuropathic pain. However, recommended or

selected patients in cases when less invasive procedures have been unsuccessful or are contraindicated, there is evidence supporting the use of spinal cord stimulation (SCS) for failed back surgery syndromes (FBSS) and other selected chronic pain conditions. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. This procedure should be employed with more caution in the cervical region than in the thoracic or lumbar.

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

- 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 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)