



# IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035  
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584  
e-mail: imeddallas@msn.com

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/23/10

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Percutaneous implantation of neurostimulator electrode array, epidural  
Dates of Service from 10/22/10 to 10/22/10

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

Texas Board Certified Orthopedic Surgeon  
Texas Board Certified Orthopedic Sports Medicine

**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. 09/26/02 - MRI Lumbar Spine
2. 06/24/03 - Clinical Note - DO
3. 07/24/03 - Clinical Note - DO
4. 08/06/03 - Clinical Note - DO
5. 07/29/04 - Clinical Note - DO
6. 09/09/04 - Clinical Note - DO
7. 10/18/04 - Clinical Note - DO
8. 01/13/05 - Clinical Note - DO
9. 02/24/05 - Clinical Note - DO
10. 07/21/05 - Clinical Note - DO
11. 09/22/05 - Clinical Note - DO
12. 10/13/05 - Procedure Note
13. 10/19/05 - Clinical Note - DO

14. 11/08/05 - Procedure Note
15. 11/23/05 - Clinical Note - DO
16. 12/15/05 - Clinical Note - DO
17. 01/19/06 - Clinical Note - DO
18. 03/02/06 - Clinical Note - DO
19. 03/17/06 - Clinical Note - DO
20. 03/29/06 - Clinical Note - DO
21. 04/20/06 - Clinical Note - DO
22. 05/31/06 - Clinical Note - DO
23. 06/13/06 - History and Physical
24. 07/13/06 - Clinical Note - DO
25. 09/14/06 - Lumbar Discogram
26. 09/14/06 - CT Lumbar Spine
27. 09/20/06 - Clinical Note - DO
28. 11/03/06 - Clinical Note - DO
29. 11/10/06 - Operative Report
30. 11/20/06 - Clinical Note - DO
31. 02/02/07 - Clinical Note - DO
32. 05/17/07 - Clinical Note - DO
33. 06/14/07 - Clinical Note - DO
34. 08/29/07 - Peer to Peer Review - DO
35. 10/08/07 - Lumbar Myelogram
36. 10/11/07 - Clinical Note - DO
37. 11/20/07 - Clinical Note - DO
38. 01/24/08 - Clinical Note - DO
39. 01/31/08 - Procedure Note
40. 02/14/08 - Clinical Note - DO
41. 06/04/08 - Clinical Note - DO
42. 07/10/08 - Procedure Note
43. 07/28/08 - Clinical Note - DO
44. 10/13/08 - Clinical Note - DO
45. 11/13/08 - Procedure Note
46. 01/05/09 - Clinical Note - DO
47. 01/20/09 - Independent Medical Evaluation
48. 02/19/09 - Clinical Note - DO
49. 03/04/09 - MRI Lumbar Spine
50. 03/10/09 - Clinical Note - DO
51. 03/27/09 - Clinical Note - DO
52. 08/19/10 - Clinical Note - DO
53. 09/08/10 - Behavioral Medicine Evaluation
54. 11/03/10 - Utilization Review
55. **Official Disability Guidelines**

#### **PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a female who sustained an injury to the lumbar spine on when she was moving furniture.

An MRI of the lumbar spine performed 09/26/02 demonstrated mild L4-L5 and L5-S1 degenerative facet hypertrophy. There was no evidence of disc herniation or visible neural impingement.

The employee saw Dr. on 06/24/03. The employee complained of low back pain rating 8 out of 10. The note stated the employee had undergone chiropractic therapy and physical therapy. Physical examination revealed the employee was able to toe and heel walk without difficulty. Straight leg raise was negative bilaterally. There was 5/5 strength testing in the lower extremities. Sensation was grossly intact. There was significant tenderness to palpation of the lumbar spine at the left facet joints and the left sacroiliac joint. The employee was able to forward flex to the ankle without difficulty. Radiographs demonstrated no evidence of instability. There appeared to be an S1-S2 disc present. The employee was assessed with sacroiliac joint arthropathy and facet joint arthropathy. The employee was recommended for facet injections at L5-S1.

The employee saw Dr. on 02/24/05. Physical examination revealed 5/5 strength testing with sensation grossly intact. Straight leg raise was negative. The deep tendon reflexes were normal. The employee was advised to follow-up as needed.

The employee underwent lumbar facet injection at L5-S1 bilaterally on 10/13/05.

The employee underwent rhizotomy of L5-S1 bilaterally on 11/08/05.

Lumbar discogram performed 09/14/06 concordant pain at L5-S1. L3-L4 and L4-L5 were normal, control discs. CT of the lumbar spine performed 09/14/06 demonstrated transitional appearance of the inferior most mobile segment with a relatively vestigial disc space, designated L5. At L3-L4, there was a minimal disc bulge without neural encroachment. There were mild facet hypertrophic changes. At L4-L5, there was a predominately central contract collection. There was a diffuse disc bulge and mild facet arthropathy present. At L5-S1, there was mild to moderate facet arthropathy with no definite neural encroachment.

The employee underwent corpectomy of L5-S1 and Charite artificial disc replacement at L5-S1 on 11/10/06.

A lumbar myelogram performed 10/08/07 demonstrated an expected postoperative appearance for endplates metallic fixation device at L5-S1 with no evidence for metallic loosening or fracture. There was suspected osteoporosis with a mild to moderate degree of diffuse bony structures demineralization.

The employee underwent bilateral facet injections at L4-L5 and L5-S1 on 01/31/08.

The employee underwent lumbar facet injection at L5-S1 bilaterally on 07/10/08.

The employee underwent lumbar rhizotomy at L5-S1 bilaterally on 11/13/08.

The employee saw Dr. on 01/05/09. The employee stated her pain was worse following the rhizotomy. The employee was recommended for MRI of the lumbar spine. The employee was prescribed Flexeril and Lyrica.

The employee was seen for Independent Medical Evaluation (IME) on 01/20/09. Current medications included Norco 10/325mg, Lyrica 150mg, Flexeril 10mg, Vivelle Dot 0.1mg, and Estrogen/Methyl Testosterone. The employee rated her pain at 8 out of 10 on the visual analog scale. The employee reported numbness in the anterior and posterior aspects of the legs and feet. The employee denied bowel or bladder dysfunction. Physical examination revealed the employee was able to walk on her toes and heels without difficulty. There was no significant tenderness to palpation of the lumbar paraspinal muscles. There were no trigger points or muscle spasms noted. Straight leg raise was to 90 degrees bilaterally. Sensation to pinprick and light touch was intact in the lower limbs. Lumbar range of motion was decreased in all directions. The employee was assessed with chronic lumbalgia and status post L5-S1 bilateral facet rhizotomy.

An MRI of the lumbar spine performed 03/04/09 demonstrated a transitional segment at the lumbosacral junction, designated S1. There was severe metallic artifact arising from the L5-S1 disc space which obscured the L5-S1 level, including the central canal. This metallic artifact was consistent with the employee's history of artificial disc replacement. There did not appear to be a significant degree of central canal or foraminal stenosis. There was a mild degree of bilateral facet hypertrophy at all levels from L2-L3 through L4-L5. There was mild to moderate bilateral facet hypertrophy at L5-S1.

The employee saw Dr. on 03/27/09 with complains of significant pain in the low back with radiation into the lower extremities. The employee denied bowel or bladder dysfunction. Current medications included Norco, Lyrica, and Flexeril. Physical examination revealed significantly decreased lumbar range of motion. Straight leg raise was positive bilaterally with numbness and pain into the thighs. The spine was nontender. The sacroiliac joints were nontender. Range of motion of the extremities was normal. Resisted movements revealed no weakness and were non-productive of pain. There was no swelling or deformities in the joints. No masses or effusions were evident. There was evidence of decreased sensation to light touch along the left lateral thigh and along the right foot. The employee was assessed with lumbar spine injury in 2002 with L5-S1 disc herniation, artificial disc replacement at L5-S1 in November 2006, and continued chronic problems with radicular symptoms into the lower extremities bilaterally. The employee was prescribed Zanaflex, Lidoderm patches, and Opana.

The employee saw Dr. on 08/19/10. The employee reported continued pain in the back with radiation to the legs. The note stated the employee currently took a lot of medications to control her pain, and she would like to come off of these. The employee was recommended for a spinal cord stimulator trial.

The employee was seen for Behavioral Medicine Evaluation on 09/08/10. The employee rated her current pain at 7 out of 10. The pain worsened with general activity. Current medications included Lyrica and Hydrocodone. The employee smoked 1-1.5 packs of cigarettes daily. The note stated the employee was realistic in her expectations. The note stated the employee was cleared for surgery with a fair to good prognosis.

The request for percutaneous implantation of neurostimulator electrode array, epidural was denied by utilization review on 11/03/10 due to no indication from the available documentation of any conservative measures being performed within the last year to include any physical therapy and/or injections. The employee was in chronic pain management and taking oral medications. There had been limited response to non-interventional care, and psychological clearance indicated realistic expectations and clearance for the procedure. At that point based on lack of documentation and conservative treatment, the requested spinal cord stimulator trial could not be recommended as medically necessary.

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

The requested percutaneous implantation of a neurostimulator electrode array for a spinal cord stimulator trial is not supported by the clinical documentation provided for review. The employee is status post artificial disc replacement in the lumbar spine at L5-S1 and has continued to demonstrate chronic pain. The employee has been continued on narcotic medications and the clinical documentation does not indicate that the employee has undergone any alternative conservative treatment for pain to include active physical therapy or injections. Without indications that the employee has attempted and failed all reasonably lower levels of care, a spinal cord stimulator trial would not be supported as medically necessary.

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

*Official Disability Guidelines*, Online Version, Pain Chapter.