

SENT VIA EMAIL OR FAX ON
Jan/13/2011

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:

Jan/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

tripole spinal cord stimulator trial with flour

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

PATIENT CLINICAL HISTORY SUMMARY

This is a man who most recently injured his back on xx/xx/xx while bending over. He had a prior laminectomy at L4/5 with a fusion from L4 to S1. The date for this is not known and the procedure was performed sometime prior to the current injury. He had additional degenerative changes at the L3/4 and L4/5 discs with an L3/4 herniation on the MRI from 5/09. Dr. described his low back pain as a failed back syndrome. The EMG showed a chronic L5 radiculopathy. He did not improve after an ESI in 8/09. Dr. reported the prior presence of positive Waddell signs on an FCE that was not provided. Dr. did not find any Waddell signs. Dr. 912/3/10) commented about a psychological assessment done on 12/16/09. The IRO reviewer did not see this.

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

This man has a back problem superimposed on the prior back surgery. No information about that was available. Dr. describes this man as having failed back syndrome with symptoms (not the patient) resistant to other treatments. Dr. commented about positive Waddell signs that Dr. did not find. Dr. emphasized that the presence of these findings did not exclude “real” pathology that is there is also an emotional or psychological component as well. The presence of the signs did not mean there are any malingering or false findings.

The ODG places emphasis on the presence of more radicular than low back pain. This man had both, and the IRO reviewer could not determine if one pattern was more dominant. The IRO reviewer’s largest concern is that no psychological studies were provided. The ODG is quite clear that “ **psychological clearance indicates realistic expectations and clearance for the procedure...**” Again, Dr. implied there was a psychological assessment a year ago, but the IRO reviewer could not determine what it included or conclusions were reached. Without that missing link, the procedure is not medically necessary.

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)