

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 14, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of trial implantation of bilateral epidural spinal column stimulator
With 2 leads (63650)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.83	63650		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY
[SUMMARY]:

This patient has had a previous lumber surgery at L5-S1 performed in 2000. She had residual low back and leg pain. She subsequently had a spinal cord stimulator placed by Dr. on 01/28/2003 with a T11 laminectomy. This was a Medtronic unit which straddled the T10 vertebral level. There was allegedly a good coverage of the leg as well as the back. However by 2006 the battery had apparently become exhausted. The patient then had the battery replaced. However, by August 1, 2006 the spinal cord stimulator was not working adequately. She continued to be maintained on Norco, Valium, and Celebrex in 2007.

In February of 2008 she had repeat surgery for battery placement. However by 02/27/2008, it was determined that the battery had been placed too deep and she underwent revision surgery. On 09/11/2008, there was a report that the battery had flipped. In 2009, the patient was noted to have coverage of the leg but less well for the back.

The patient continued to be neurologically stable. There was a request subsequently for her to be seen by Dr. for Dr.. Dr. evaluated her on 05/18/2011. He noted that the leads were at T10 and that they were likely inadequate to give her adequate back coverage. He has proposed that she have trial stimulator leads placed above the current stimulator.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The necessity of proceeding with the trial spinal cord stimulator above the previous spinal cord stimulator does not appear medically necessary. There was no current report in the records of any psychological assessment of the patient. There was no indication of the medication use as far as quantified amounts of the medication, over the time frame of her use of the spinal cord stimulator or her medication use more currently. The patient's functional capabilities over the last 3-4 years are not described in any detail. Therefore, medical necessity for the requested service could not be proven. Thus, the previous URA denials are upheld.

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

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES