



Specialty Independent Review Organization

AMENDED REPORT – 6/14/2011

Notice of Independent Review Decision

DATE OF REVIEW: 6/8/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar spinal cord stimulator (63650, 95972, 95973, L8680).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a lumbar spinal cord stimulator (63650, 95972, 95973, L8680).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Healthcare WC and MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Healthcare WC: Specialists Austin Patient Information Record – 5/12/09; Office Notes – 12/1/08-4/29/09; MA, LPA, LSSP Initial Psychologic Evaluation – 1/8/09; Orthopaedics & Rehab Office Notes – 3/13/07-10/28/08, EMG Consultation Note – 8/3/07; Imaging Lumbar MRI Report – 1/26/07; Orthopaedics South Office Notes – 3/27/08-6/26/08; Surgery Center Operative Reports – 2/26/07, 5/4/07, & 6/8/07; Pre-auth Request – 4/7/11 & 4/28/11; Behavioral Healthcare Psychodiagnostic Assessement – 3/24/11; MD Follow-up Note – 4/26/11; Pain Consultants Follow-up Note – 9/24/09, 12/17/09, & 3/10/11, Patient Face Sheets – 9/24/09 & 3/10/11, Appeal Request – 12/22/09;

Pain Therapy Precert Request – 4/13/11, Initial Evaluation – 4/5/11, Daily Activities Questionnaire – 4/5/11; LPC Initial Assessment Interview – 4/13/11; and Health Systems Peer Review – 5/5/10.

Records reviewed from MD: Pain Consultants Follow-up Note – 4/26/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured in a slip and fall when at work. She has lumbago with left sided sciatica. She was managed with narcotics, anticonvulsants, NSAIDs, facet injections, MCCC, TFESI, activity restrictions, and PT. A spinal cord stimulator trial is now proposed and under dispute. Concurrently referral to a pain management program was requested and denied.

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

ODG Indications for stimulator implantation:

Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present:

(1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.);

(2) psychological clearance indicates realistic expectations and clearance for the procedure;

(3) there is no current evidence of substance abuse issues;

(4) there are no contraindications to a trial;

(5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence.

- Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)
- Post amputation pain (phantom limb pain), 68% success rate (Deer, 2001)
- Post herpetic neuralgia, 90% success rate (Deer, 2001)
- Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)
- Pain associated with multiple sclerosis
- Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the

need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004)

This patient has not undergone surgery. Given that all of the criteria for SCS per the ODG have not yet been met, the requested treatment is not medically necessary.

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)