

SENT VIA EMAIL OR FAX ON
May/10/2011

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Spinal Cord Stimulator Trial

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

Board Certified Anesthesiology

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

OD Guidelines

1. Cover sheet and working documents
2. Utilization review determination dated 04/06/11, 04/21/11
3. MRI of the cervical spine dated 02/21/11
4. MRI of the lumbar spine dated 11/12/10, 05/01/09
5. Office visit note dated 03/07/11, 02/22/11, 01/13/11, 11/15/10, 08/31/10, 07/29/10, 06/30/10, 04/13/10, 10/27/09, 01/26/10, 04/04/11, 10/30/09, 12/03/09
6. ODG reference material
7. Clinical documentation dated 12/03/09-09/03/10
8. Appeal of non-certification dated 03/23/10
9. Operative note dated 01/07/11
10. Letter dated 11/01/10, 03/12/10, 08/12/10, 01/18/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. MRI of the lumbar spine dated 05/01/09 revealed minimal annular bulging at L3-4 through L5-S1. Letter dated 10/27/09 indicates that the patient had two psychiatric inpatient stays due to fragmentation of intact functioning and suicidal risk. The patient has recently suffered an aggravation of lumbar symptoms with multiple recent emergency room visits. The patient has been under the care of a psychologist on an intermittent basis since April of 1998. Follow up note dated 07/29/10 states that the patient is interested in dorsal column stimulation as she would like to be off her pain medications. Treatment to date is reported to include physical therapy, rehabilitation, medication management and injection therapy. Letter dated 08/12/10 indicates that the patient is psychologically cleared for spinal cord stimulator trial. Note dated 08/31/10 indicates that the patient is pending referral to a neurosurgeon and would like to hold off on spinal cord stimulator. MRI of the lumbar spine dated 11/12/10 revealed early disc

desiccation at L3-4 with mild anterior degenerative spondylosis; mild posterior bulging of the annulus without substantial spinal stenosis. Note dated 11/15/10 indicates that the neurosurgeon did not consider the patient a surgical candidate and did recommend dorsal column stimulation. The patient underwent percutaneous placement of spinal cord stimulator on 01/07/11. Follow up note dated 01/13/11 indicates that the patient reports her quality of life and pain control has improved significantly with the spinal cord stimulator. The pain was reduced by 80%. MRI of the cervical spine dated 02/21/11 revealed minimal posterior annular bulging at C3-4, C7-T1 and T1-2 without significant spinal stenosis; probable prior anterior fusion at C5-6 and C6-7; no bony central spinal canal stenosis or bony foraminal stenosis is present. Note dated 03/07/11 indicates that the patient has been referred for cervical spinal cord stimulator as she has cervical radicular symptoms.

Initial request for outpatient spinal cord stimulator trial was non-certified on 04/06/11 noting that the patient underwent previous implantation of spinal cord stimulator in the lumbar area with 80% reduction in pain. Medical records failed to objectively document exhaustion of other less invasive conservative treatment. The most recent drug screening test was not noted. The denial was upheld on appeal dated 04/21/11 noting that no physical examination of the neck and upper extremities was documented. No therapy progress notes were provided, and there is no documentation of monitoring of the patient's opioid intake.

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

Based on the clinical information provided, the request for outpatient spinal cord stimulator trial is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the patient has exhausted lower levels of care. The patient reportedly underwent cervical surgery; however, no operative report is provided documenting the date, nature and extent of surgical intervention. There is no current, detailed physical examination submitted for review. Given the current clinical data, the requested spinal cord stimulator is not indicated as medically necessary, and the two previous denials are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES