SENT VIA EMAIL OR FAX ON
Apr/25/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Implant Neuroelectrodes; Analyze Neurostimulator-Complex; Anesthesia; Analyze Neurostimulator-Simple; Needle Localization by X-Ray

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:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Utilization review determination M.D. 02/09/11
2. Utilization review determination reconsideration request DO 03/07/11
3. Letter of reconsideration 03/30/11 and 02/27/11 regarding reconsideration spinal cord stimulator trial of neck
4. Psychological evaluation Ph.D. 02/14/09
5. Toxicology reports Toxicology 08/25/10, 10/22/10, and 11/18/10
6. Informed consent drug screen test 02/22/10 and 11/18/09
7. Office visit / progress notes M.D. 11/30/07-02/23/11
8. Claims Management Independent Review Organization Summary 04/06/11
9. Employer’s first report of injury or illness xx/xx/xx
10. Radiographic report cervical spine x-rays xx/xx/xx
11. Physical therapy notes 07/16/07-11/25/08
12. Office visit / clinic notes M.D. 07/13/07-09/26/08
13. MRI cervical spine 11/09/07
14. Procedure reports cervical epidural steroid injection C4-5 01/10/08 and 03/06/08
15. EMG/NCV report 07/25/08
16. Initial orthopedic evaluation M.D. 08/13/08
17. Follow-up office visit M.D. 09/03/08
18. Intraoperative neurophysiology report 09/09/08
19. Preoperative history and physical 09/08/08
20. Operative report 09/09/08 Anterior cervical discectomy and fusion C3-4, C4-5
21. Follow-up notes M.D. 09/24/08-07/27/09

22. Report of Medical evaluation D.C. 08/15/08-11/20/08
23. Functional capacity evaluation 04/28/09
24. Designated doctor evaluation M.D. 04/23/09

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a female whose date of injury is xx/xx/xx. Records indicate she was picking up a big trash bag to throw into the dumpster when she felt a sharp pain in the neck, upper back and both arms. MRI of the cervical spine dated 11/09/07 revealed C3-4 central disc extrusion extending caudally behind C4 vertebral body, mildly effacing the spinal cord in the midline associated with moderate central canal stenosis, and mild left foraminal stenosis is also identified. At C4-5 there is left paracentral disc bulge with spur mildly effacing the left side of thecal sac and associated with moderate left foraminal stenosis. At C5-6 there is a small central disc bulge seen not causing significant central or foraminal stenosis. Electrodiagnostic testing performed 07/25/08 reported findings were within normal limits without signs supporting diagnosis of radiculopathy, plexopathy, or peripheral neuropathy. After undergoing extensive conservative treatment including physical therapy, massage therapy and injections without improvement, the injured employee underwent anterior cervical discectomy and decompressive foraminotomies at C3-4 and C4-5 with plating between C3-C5. A psychological evaluation by Dr. on 02/14/09 noted there were no psychological reasons the injured employee could not proceed with spinal cord stimulator. Designated doctor evaluation on 04/30/09 determined the injured employee reached clinical maximum medical improvement as of 11/20/08 with 5% whole person permanent impairment. The injured employee continued to complain of neck and arm pain. On 12/16/10 the injured employee was referred to counselor / psychiatrist for depression and anxiety through her private insurance. The injured employee was also recommended for cervical spinal cord stimulator trial.

A request for spinal cord stimulator (Implant neuroelectrode; analyze neurostimulator – complex; anesthesia; analyze neurostimulator – simple; needle localization by x-ray) was reviewed by Dr. on 02/09/11. Dr. noted that per designated doctor, the claimant presented with inconsistency on examination and disproportionate complaints. MMI was assigned. Psychological evaluation was noted as incomplete without MMPI-II or FBS. Reported pain levels were inconsistent with amount / number / types of drugs listed. The injured employee was noted with 7 pain related medications and no serial drug screens. Dr. determined the request was non-certified as medically necessary as not consistent with ODG.

A reconsideration request was reviewed by Dr. on 03/07/11. It was noted that an updated psychological evaluation with inclusion of MMPI-II was not included. Dr. requested records submission inclusive of updated psychological evaluation with MMPI-II and all drug screen lab reports. However, at the time of determination no additional records had been received.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The request for spinal cord stimulator trial (implant neuroelectrode; analyze neurostimulator – complex; anesthesia; analyze neurostimulator – simple; needle localization by x-ray) is not supported as medically necessary by the documentation submitted for review. The injured employee sustained an injury on xx/xx/xx when she was picking up a big trash bag to throw in dumpster and experienced sharp pain in neck, upper back and both arms. After failing a course of conservative treatment, the injured employee underwent two level ACDF at C3-4 and C4-5 performed 09/09/08. The injured employee was determined to have reached MMI as of 11/20/08 per designated doctor evaluation performed 04/30/09. Designated doctor noted inconsistencies at time of evaluation (e.g., decreased sensation on left leg per last doctor's exam versus current report of right hand decreased sensation). Records indicate the injured employee underwent psychological evaluation on 02/14/09; however, there is no recent/updated psychological evaluation indicating the injured employee's current status. There is no detailed history of recent conservative treatment. Per reconsideration letter dated 03/30/11, the injured employee has failed cervical epidural steroid injections and physical therapy; however, there is no record that the injured employee has had epidural steroid injections since surgical intervention. Given the current clinical data, medical necessity is not established, and previous adverse determinations should be upheld on IRO.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)