

SENT VIA EMAIL OR FAX ON
May/02/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Adjustment or Repositioning of Pain Stimulator Leads

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

Board Certified Neuro Surgeon

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 03/10/11, 03/23/11, 06/04/10
3. Medical records Dr.
4. Handwritten notes dated 08/02/10
5. Pre-op admission orders dated 03/01/11, 06/14/10
6. Referral form dated 02/17/11, 02/10/11
7. Medical records Dr.
8. Operative report dated 07/16/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. Note dated 08/26/09 indicates that the patient is seven months post op lumbar micro decompression and had been going to physical therapy. The patient continues to complain of low back pain with radiation to the right lower extremity. Note dated 02/19/10 indicates that the patient underwent L4-S1 lumbar decompression in February 2009, which alleviated his left leg pain, but he continues to have primarily right leg numbness and axial low back pain. He has had physical therapy and epidural steroid injections, neither of which has helped him to any substantial degree. MRI performed in July 2009 reportedly showed scar tissue in the area of his prior operative site, but nothing that would explain his current symptoms. Follow up note dated 05/19/10 indicates that the patient underwent spinal cord stimulator trial and the patient reported 60% relief in his pain. The patient underwent permanent placement of spinal cord stimulator on 07/16/10 with leads placed at T7 and T8 region. Follow up note dated 08/02/10 indicates that the patient is "doing well". Note dated 09/03/10 indicates that the spinal cord stimulator is

helping 30-40%. Note dated 10/15/10 reports excellent leg pain relief and fair low back pain relief. The patient reports that his pain has not changed significantly. Note dated 02/07/11 indicates that the patient reports good leg coverage and minimal low back coverage. Note dated 02/17/11 indicates that the patient has noted a change in effectiveness of his pain stimulator and imaging reveals that the pads have migrated from T8 to T10.

Initial request for adjustment or repositioning of pain stimulator leads was non-certified on 03/10/11 noting that the submitted records fail to establish that the migration of the pads has negatively affected the patient's condition or effectiveness of the spinal cord stimulator. The submitted records indicate that the patient's pain has not changed significantly. The denial was upheld on appeal dated 03/23/11 noting that the submitted records fail to establish that the migration of the pads has negatively affected the patient's condition or effectiveness of the spinal cord stimulator.

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 adjustment or repositioning of pain stimulator leads is recommended as medically necessary, and the previous denials are overturned. The patient underwent permanent spinal cord stimulator implantation on 07/16/2010. Initial follow up note dated 09/03/10 indicates that the patient reported 30-40% improvement and noted that his pain had improved. The patient subsequently presented on 02/07/11 and reported that he had good leg coverage, but minimal low back pain coverage. The note dated 02/17/11 reports that the patient has noted a change in the effectiveness of his pain stimulator. Imaging studies were performed which revealed that the pads have migrated from T8 to T10. Follow up note dated 04/12/11 indicates that the patient's back pain remains the same, but the patient reports he has had a substantial change in his leg pain since migration of his lead. The patient now uses a cane secondary to pain and pain limiting weakness. Given the degree of migration, the unit is not functioning to its optimum benefit. Given the current clinical data, the request for adjustment or repositioning of pain stimulator leads is indicated as medically necessary, and the previous denials are overturned.

BASIS USED TO MAKE THE DECISION

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES