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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/05/2011

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient Spinal Cord Stimulator Trial @ Right C2-C6 (63650 X 2, 95972, 77003, 99144)

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

Anesthesiology/Pain Management

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

Request for IRO 09/22/11

Utilization review determination 08/11/11

Utilization review determination 09/15/11

Psychiatric evaluation 08/26/11

Request for individual psychotherapy

Clinical records Dr. 12/20/10 through 08/23/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. On the date of injury it is reported that an excavator grabbed the shovel he was using pierced his right hand and dragged him by the right upper extremity jerking his right shoulder and body. Records indicate that the claimant is under the care of Dr. On 12/20/10 the claimant was seen in follow up by Dr. and is reported to have severe symptomology, presents for medication refills, and is reported to have allodynia and hyperesthesia. He has work restrictions. On physical examination he is noted to be 5'6" tall weigh 165 pounds with cervical examination and lumbar examinations are unremarkable. He is reported the right upper extremity is reported to show allodynia hyperesthesia and decreased range of motion with muscle atrophy. He's noted to have a right upper extremity or he's reported to have a right upper extremity complex regional pain syndrome type 1 for chronic intractable pain syndrome chronic opioid use. Records indicate that the claimant received trigger point injections on 03/30/11 and he's to be referred to Dr. for psychiatric clearance for trial of dorsal column stimulator. On 05/06/11 the claimant was seen in follow up by Dr. and he subsequently was given a lumbar brace and refills of his medication. The claimant again

received trigger point injections on 06/28/11 and was to be referred for psychiatric evaluation. On 08/23/11 the claimant was again seen in follow up by Dr.. There is no significant changes in the claimant's clinical presentation. The interview was performed by Dr. on 08/11/11 who notes that the claimant has right upper extremity pain with any type of palpation. He notes classic signs of CRPS. He's reported to have decreased function and remodeling of the right upper extremity. He notes that the guidelines recommend employment of a spinal cord stimulator for patients with a chronic pain syndrome. Medical records failed to objectify the documentation of less invasive conservative treatments to include oral medications and physical therapy. He notes that recent diagnostic studies have not been provided to rule out other potential causes. On 08/23/11 Dr. submitted a letter of appeal. On 08/26/11 the claimant was referred for psychological evaluation. Dr. does not provide a clearance in this note and subsequently recommends that the claimant receive six individual psychotherapy sessions. A subsequent appeal request was reviewed by Dr. on 09/15/11 who non-certified the request noting that the claimant was diagnosed with a right upper extremity reflex sympathetic dystrophy. It's noted that the claimant had minimal relief with Hydrocodone Ultram Cymbalta Lunesta and Naprelan. Pain scores were documented. She notes that objective documentation of psychological clearance has been signed to ascertain the readiness to undergo the procedure was not provided for review. She notes that further there is no objective documentation of conservative management because physical therapy progress notes were not submitted. She subsequently non-certifies the request.

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

The request for spinal cord stimulator trial is not supported by the submitted clinical information. The available clinical records indicate that the claimant has a diagnosis of reflex sympathetic dystrophy of the right upper extremity and he is reported to have continually elevated levels of pain unresponsive to oral medications. Records do not fully elucidate the claimant's failure of conservative care. However more importantly the claimant was referred for pre-procedure psychological evaluation and was not cleared specifically by Dr. for the performance of a spinal cord stimulator trial. Instead Dr. has recommended that the claimant undergo six sessions of individual psychotherapy. Until the claimant completes these six sessions of individual psychotherapy and is cleared by Dr. for the procedure medical necessity was not established per the Official Disability Guidelines and the previous utilization review determinations are upheld.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES