

True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Dual Lead Spinal Cord Stimulator Tria
2. Labs needed prior to spinal cord stimulator trial

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

Board Certified Anesthesiologist/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

Cover sheet and working documents

Utilization review determination dated 09/06/11, 08/16/11

Office visit note dated 08/30/11, 07/08/11, 08/31/10, 07/20/09

Mental health and behavior assessment dated 08/01/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient was pushing a cylinder when he felt sudden and intense lower back pain. Office visit note dated 07/20/09 indicates that the patient recently underwent left L2 and L3 transforaminal epidural steroid injection with no significant improvement. The patient is noted to present with a history of postlaminectomy syndrome (surgery in 2006), lumbar region. Note dated 08/31/10 indicates that the patient is in for follow up from bilateral L2-3, L3-4, L4-5, L5-S1 radiofrequency thermocoagulation with no significant improvement. There is a gap in treatment records until 07/08/11. The patient reports improved function in daily activities and reduction in overall pain with medication use, although VAS is noted to be 10/10. Mental health assessment dated 08/01/11 indicates that treatment to date includes rest from work, physical therapy, medication management, epidural steroid injection, and surgery x 2. Medications include Oxycontin, morphine sulfate, diazepam. There are no counter-indications for implantable surgery.

The initial request for dual lead spinal cord stimulator trial and labs needed prior to spinal cord stimulator trial was non-certified on 08/16/11 noting that the patient is maintained on high dose opiates in excess of 200 mg equivalents of morphine per day and records note that despite this dose, his pain level rating on VAS is still 10/10. This would indicate an altered pain perception and raises issues with regard to doing a spinal cord stimulator trial at this time in terms of getting an accurate response from the patient. The possibility of detox prior to stimulator trial with concurrent psychological counseling was discussed. The denial was upheld on appeal dated 09/06/11 noting that it remains relevant that it would be appropriate to consider detox prior to proceeding with a spinal cord stimulator trial.

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 dual lead spinal cord stimulator trial and labs needed prior to 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. As stated by the previous reviewers, the patient is currently being maintained on high dose opiates in excess of 200 mg equivalents of morphine per day. Despite this dose, the patient continues to rate his pain as 10/10 on VAS. Therefore, there does appear to be an altered pain perception, and it appears that the patient should undergo a detoxification process with concurrent psychological counseling as recommended by previous reviewers prior to undergoing spinal cord stimulator trial and pre-procedure testing. Given the current clinical data, the request is not indicated as medically necessary.

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 KNOWLEDGBASE

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)