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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Spinal cord stimulator lead revision

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

MD, Board Certified Neurological 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

Official Disability Guidelines

Operative report dated 11/08/05

Operative report dated 01/09/08

Clinic notes Dr. dated 01/09/08-07/20/11

Peer review dated 02/26/09 Dr.

Utilization review for spinal cord stimulator lead revision dated 07/08/11

Utilization review for appeal request spinal cord stimulator lead revision dated 07/20/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xxxxx. He is diagnosed with failed back surgery syndrome with chronic pain syndrome. He is status post implantation of spinal cord stimulator. On 11/08/05 he underwent revision of spinal cord stimulator. After repositioning, he obtained excellent coverage better than he had before. Independent medical evaluation on 02/26/09 noted that the injured employee's greatest symptoms continue to be left leg and low back pain with numbness and tingling. The injured employee reported that he had his spinal cord stimulator repositioned and earlier last year had a new battery placed in it. He reports that since then he has been able to diminish his pain medication significantly. The injured employee was seen in follow up on 03/28/11 on stable medication as before. His stimulator still helps. A trigger point injection to the lower back was performed on this date and the injured employee got some immediate relief. The injured employee was seen in follow up on 06/27/11 because of issues with his Medtronic spinal cord stimulator. He was evaluated by the Medtronic rep and it was apparent that he was having impedance issues with his leads left worse than right. The injured employee was recommended to undergo revision of both leads.

The request was non-certified on 7/8/11. The denial stated that there was no documentation submitted regarding the injured employee's objective clinical findings involving the lead issues to include a VAS score or objective functional limitations.

Follow up note dated 07/20/11 noted that the injured employee's lead revision had been denied, noting that there was no documentation of pain response. Dr. noted that the injured employee's pain level in the lower back in 2007 before stimulator was consistently 9/10 and after stimulator implantation and with reprogramming his pain level was 4-5/10, 6/10 on another visit, 5/10 on another visit, 4/10 on 03/26/10 as examples. The injured employee was able to reduce his medication substantially. He previously was on schedule 2 drugs for several years and was able to reduce them to two Vicodin a day after the stimulator implantation.

The injured employee was noted to be on disability for several years. He still does activities around his home. He has about 4 acres and feeds animals, but reported having a lot more trouble now since stimulator is not working. The injured employee stated he did not realize how much the stimulator did help.

A preauthorization reconsideration / appeal request for spinal cord stimulator lead revision was reviewed on 07/18/11 and non-certified as medically necessary. It was noted the injured employee was diagnosed with chronic pain syndrome and failed back syndrome. As per 06/27/11 note, the injured employee presents with impedance issues with spinal cord stimulator. On examination he is having issues with sitting intolerance. He is listing to the left, unable to sit squarely in his chair. Gait is stable, but noted to be antalgic. Motor and sensation were intact. The patient's response to stimulator was not documented in terms of affectation of activities of daily living, serial pain scores, decrease in medication use or reduction of work restrictions. It was also noted there was no radiographic report as preliminary study to assess the condition of the leads and location. As such, medical necessity was not fully established.

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

This injured employee is status post spinal cord stimulator implantation for failed back surgery syndrome with chronic pain syndrome. He has undergone previous revisions and battery replacements over the years, and reported significant improvement / pain relief with stimulator. Documentation revealed that evaluation of the device by Medtronic representative indicated impedance issues with the leads left worse than right. The previous reviews indicated the documentation did not reveal the injured employee's response to stimulator in terms of serial pain scores, decrease in medication use or affectation of activities of daily living. However, the records reflect the injured employee experienced significant reduction in pain after implantation of spinal cord stimulator, with several examples of pain scores provided. There also was documentation that the injured employee significantly reduced his medication requirements with stimulator in place. It is also noted that the injured employee is experiencing increased difficulty in performing activities of daily living. There is no effect on work performance as the injured employee has been on disability for several years. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds that medical necessity exists for Spinal cord stimulator lead revision.

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

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)