

SENT VIA EMAIL OR FAX ON
Aug/26/2011

Pure Resolutions Inc.

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Permanent SCS placement under fluoro plus IV sedation

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

1. Request for IRO 08/10/11
2. Utilization review determination 08/10/11
3. Utilization review determination 07/21/11
4. Clinical records Dr. 07/19/10 through 08/04/11
5. Operative report 06/15/11
6. Procedure report cervical epidural steroid injection 08/31/10
7. CT scan cervical spine 10/14/08
8. MRI cervical spine 10/12/09
9. Psychiatric evaluation 04/12/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He is reported to have been xx when he injured his neck causing severe pain down his arm and his hand. He ultimately underwent surgical intervention which included ACDF at three

levels. He has significantly reduced cervical range of motion, tight shooting pain into both shoulders and upper back region and is reported to have severe reactive depression. He subsequently has been diagnosed with post cervical laminectomy pain syndrome with severe neck shoulder and arm pain general deconditioning and a chronic myofascial pain syndrome. Records indicate that he was maintained on oral medication. Records indicate that the claimant has received additional treatment which has included cervical epidural steroid injections which were provided 70% relief for transient period. Records suggest that a recommendation was made for dorsal column stimulator in 01/11 which was not approved under utilization review. Records indicate that the claimant was recommended on multiple visits to undergo a trial of dorsal column stimulator. This eventually occurred on 06/15/11. Post procedurally he was seen in follow up on 06/20/11 and reports 70% improvement of his shoulder arm and hand pain complaints less swelling less sensitivity better feeling less temperature changes following the trial period. He's reported to have been able to lower his oral medication use. On 07/21/11 the initial request for permanent implantation was evaluated by Dr. who notes that the claimant has complaints of neck pain however there's no documentation of a comprehensive physical examination of the cervical spine on the most recent report. He notes that the clinical information provided did not provide objective documentation of the claimant's functional response from his spinal cord stimulator trial. He reports no documentation was submitted regarding drug screen. As such the request was Non-certified. Subsequently appeal request was reviewed on 08/10/11 by Dr. who non-certifies the request and notes that no documentation was submitted regarding the claimant's reduction of pain medication with the spinal cord stimulator trial. He references no documentation regarding patient drug screen. He indicates that given the lack of documentation the request does not meet guidelines.

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

The request for permanent implantation of dorsal column stimulator under fluoroscopy with IV sedation is certified as medically necessary and previous determinations are overturned. The submitted clinical records indicate the claimant has a failed cervical surgery syndrome. He has evidence of radiculopathy on examination and has previously been treated with cervical epidural steroid injections. The claimant is documented as failing all conservative treatment. He underwent a pre-procedure psychological evaluation and was cleared and had successful trial of dorsal column stimulation with 70% relief. The notes submitted by Dr. clearly indicate the claimant had improved functional response with decreased requirement for oral medications. Given the totality of the clinical information submitted for review, the patient meets criteria per ODG, and is therefore recommended for permanent implantation.

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