

SENT VIA EMAIL OR FAX ON
Jan/25/2012

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 replacement of Implantable Pulse Generator (IPG) Battery for Spinal Cord Stimulator (SCS) with 23-Hour Observation Stay between 12/22/11 and 2/27/12

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

Orthopedic spine surgeon, practicing neurosurgeon

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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. The patient is status post removal and replacement of Synergy battery on xxxxx. The patient then underwent removal and replacement of Synergy on xxxxx. Follow up note dated xxxxx indicates that the patient had a recent battery replacement and is not doing well with increasing pain over the battery site. Follow up note dated xxxxx indicates that the patient continues to have pain at the battery site. Follow up note dated 08/09/11 indicates that the patient is having significant problems. He continues with back pain and leg pain. The stimulator helps somewhat with his leg pain, but he is still having a lot of back pain. He has frequent falls because of his back pain and leg pain and his prior injury with surgeries. The cane is really not supportive enough to prevent his falling. Follow up note dated 11/08/11 indicates that the patient is not doing as well as he had been since the stimulator went out about 1 ½ to 2 weeks ago.

Initial request for replacement of IPG battery for spinal cord stimulator with 23 hour observation stay was non-certified on 11/15/11 noting that there is no documentation of recent comprehensive physical examination in the records for review. Per 08/09/11 report, the stimulator helps somewhat with his leg pain, but the patient is still having a lot of back pain. The degree of pain relief from continued use of the spinal cord stimulator is not objectively documented in terms of VAS. In addition, there is no documented improved function in terms of ADLs and decreased need for pain medications associated with the device. The denial was upheld on appeal dated 12/30/11 noting that there is no documentation of objective improvement with prior use 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 1 replacement of implantable pulse generator (IPG) battery for spinal cord stimulator (SCS) with 23-hour observation stay between 12/22/11 and 02/27/12 is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent battery removal and replacement on 03/09/10 and has continued to complain of chronic intractable pain. The submitted records fail to document the patient's objective, functional response to the spinal cord stimulator. There is no documentation of decreased VAS score, decreased medication usage or increased functional activity secondary to the unit. The note dated 08/09/11 states only that the "stimulator helps somewhat with his leg pain". 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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES