



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 2/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

DORSAL COLUMN STIMULATOR TRIAL, THORACIC SPINE.

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

D.O. Board Certified in Anesthesiology and 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

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	2/08/2012
Utilization Review Determinations	1/26/2012-2/06/2012
Requests for Pre-Authorization	1/23/2012
Office Visit Notes	5/16/2011-12/15/2011
Physical Therapy Request	5/11/2011
Psychological Evaluation	1/13/2012-1/18/2012
DDE Report	1/18/2012
Reports of Medical Evaluation	1/10/2012
Report of Medical Evaluation	1/10/2012
Package of Clinical Notes	Received 2/13/2012



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PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who was injured at work on xx/xx/xx. Mechanism of injury: patient sustained a crush injury to right foot. Patient sustained a fracture to first and second metatarsal of right foot. Patient was seen in emergency room on 5/13/2011 and a cast boot was applied. On 8/3 2011, patient remained in cast boot but foot developed an ulcer to the sole of the foot which was treated. In psychological evaluation, patient stated constant burning and tingling sensation in right foot. Psychological evaluation showed no depression or anxiety, GAF 80: no evidence of emotional problems and a good candidate for Spinal Column Stimulator Trial. On 1/20 2012, patient was examined by who stated that patient's foot has Dysesthesia, burning, and throbbing pain in right foot. Patient did have multiple X-Rays on 5/13/2011, 5/23/2011, 6/20/2011, and 7/25/2011. The last X-Ray showed right oblique fracture of the first metatarsal with callous formation; there remains near anatomical alignment, with a tiny calcaneal spur noted. Patient has a history of two back surgeries, left knee surgery, and left arm surgery. Patient has a medical history of Crohn's Disease, Asthma, Diabetes Mellitus, and Hypertension. Present medications include Enalapril, Insulin, Neurontin, and Norco.

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

The patient sustained a crush injury to his right foot on 5/13/2011 and subsequently developed Complex Regional Pain Syndrome in the right foot. The patient continues to complain of pain in the right foot with associated Dysesthesia, burning, and throbbing sensation. A psychological evaluation supports the fact that the patient has burning and tingling sensation in the right foot. Because the patient has no depression or anxiety or any emotional problems, he would be a good candidate for a Spinal Column Stimulator. Based on ODG guidelines, after reviewing the patient's history and supporting documents, a trial Spinal Column Stimulator is certifiable.



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

- ACOEM- AMERICAN 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