

SENT VIA EMAIL OR FAX ON  
Feb/28/2012

# Applied Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/27/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lowback Spinal Cord Stimulator Revision to add a Lead

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

PMR

**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

Request for IRO 02/07/12

Utilization review determination 01/16/12

Utilization review determination 02/06/12

Clinical records Dr. 08/17/10 and 01/09/12

Clinical records Dr. 10/15/10-10/21/11

Clinical note PAC 08/22/11

08/02/10-10/11/10

Operative report 08/24/10

Operative report 08/10/10

MRI lumbar spine 05/19/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. Records indicate that the claimant is status post an L4-5 artificial disc replacement performed on 05/19/10. The claimant is noted to be morbidly obese and have a BMI of 42. Post-operatively the claimant had low back pain with radiation into the lower extremities. The claimant is noted to have undergone a trial of dorsal column stimulation on 07/27/10. He

reported only minor improvement in his symptoms his stimulation seems to be stronger in his left than the right. It's reported that this was an inclusive spinal cord stimulator trial. Records indicate the claimant apparently underwent revision of the leads on 08/10/10. It's reported that adjustments were performed which were successful. He's reported to be receiving adequate coverage that is reported to be helping with his symptoms. On 08/24/11 the claimant was returned to surgery and underwent permanent implantation. When seen in follow-up on 09/13/10 he's reported to have seen a reduction in his pain from 7/10 to 5/10. He reports positive changes that he can walk a farther distance and is able to stand for prolonged period of time. The claimant was subsequently seen in follow-up on 10/11/10 and reports overall been doing well he's happy with the results he's obtained he's trying to taper off his medication he's reported to have good coverage over his foot he's lacking some over the right anterior thigh. He's reported to be scheduled for a lap band evaluation. Clinical note dated 10/15/10 indicates that the claimant has decreased his Lyrica by one pill per day reduced his Norco from seven to five.

The claimant was seen of up in 02/11/11. He's trying to function at a higher level to do more with less pain and he's pleased with this he's trying to go to school and get back into the work force.

The claimant was seen in follow-up on 06/24/11. He's reported to have right leg pain that is not adequately controlled by his stimulator his medication. His pain level is reported to be 3/10.

On 08/22/11 the claimant was seen by PAC the claimant is to meet with Medtronic's rep to make adjustments to the spinal cord stimulator programming.

They reported that the claimant is enrolled in a couple courses of school his medications are affecting his mental status and he has difficulty concentrating and remembering things.

The record contains a note dated 01/09/12 it's noted that the addition of a second lead to the left side was denied as to no mention made of any x-ray. The claimant has a single lead that is just at the proximal portion and is mid portion T9 on the left side that proceeds from the upper left to the lower right. Dr. notes that there is not enough coverage on the left anatomically this simply relates to the position of the leads referencing the pedicles and the vertebrae in the spinous process. He notes that a second lead needs to be placed closer to the left in the lower portion or to accommodate more of what's going on in his left leg.

The initial review was performed by Dr. who non-certified the request on 01/16/12 noting that the claimant has a prior spinal cord stimulator placement for right leg pain the claimant now has pain in the left leg and that there's been no radiographs to evaluation for significant change in the symptoms x-rays show a lead at T9 yet intraoperative x-rays show lead at T8. There's a suggestion of lead migration. He opines that he notes that the claimant's Norco use is continually increased and therefore simply adding another lead is not reasonable or necessary. Subsequent appeal request was reviewed by Dr. on 02/06/12 who non-certified the request noting that upon reviewing additional medical records and office notes he agrees with the previous reviewer and that prior to the spinal cord stimulator implant the claimant had right leg pain now there is left leg pain there is no documentation of any imaging studies to evaluation the significant change in symptoms despite the spinal cord stimulator trial the claimant's Norco use is increased.

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

The request for low back spinal cord stimulator revision to add a lead is opined to be medically necessary. The submitted clinical records indicate that the claimant is morbidly obese and previously has received benefit from an implanted spinal cord stimulator the claimant was noted to have primarily right lower extremity pain which was improved with use of dorsal column stimulation. He subsequently has developed left lower extremity pain noting the claimant's morbid obesity and failure of a previous artificial disc replacement it is unlikely

that the claimant is an appropriate surgical candidate who will benefit from additional surgery therefore the most appropriate method is to provide or the most appropriate method of treatment given these circumstances is to provide a second lead to cover the left lower extremity. It would further be noted that the clinical records show that the claimant was reducing his pain medications while he had adequate coverage due to the increased levels of pain the patient required increased levels of narcotic medications based upon the submitted clinical records the request is reasonable and medically necessary for a patient who is not a candidate for any further spinal surgeries.

**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)