

SENT VIA EMAIL OR FAX ON  
Mar/21/2012

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/20/2012

**IRO CASE #:**

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

Outpatient spinal cord stimulator trial, related to the lumbar spine

**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**

OD Guidelines

Notice of utilization review findings 02/16/12

Notice of utilization review findings 02/29/12

Preauthorization request for spinal cord stimulator trial 02/10/12

Psychological evaluation and report of psychological testing 02/08/12

Psychological evaluation 05/09/06

Office visit notes et al 08/31/09-03/05/12

MRI lumbar spine 02/14/11, 12/10/10, and 06/15/05

Operative report caudal epidural steroid injection 09/21/04

Appeal request preauthorization spinal cord stimulator trial

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured on xx/xx/xx. Records indicate he was lifting a box from floor and injured his low back. He subsequently underwent multiple back surgeries including 360 lumbar fusion with cages, instrumentation, and subsequent hardware removal. Records indicate the claimant was involved in motor vehicle accident in 2010 when his vehicle was T-boned on driver side and he reportedly sustained a transverse process fracture on right at L1. The claimant was seen on 01/23/12 and noted to already have 5 back surgeries in past and would like to consider trial of spinal cord stimulator. It was noted the claimant had trial in past which was approximately 5 years ago.

A preauthorization request for spinal cord stimulator trial was reviewed on 02/16/10 and non-

authorization was recommended. The reviewer noted the claimant was injured in xxxx while lifting boxes. The request is for spinal cord stimulator trial. The claimant had spinal cord stimulator in past. The last office visit is from 02/08/12, which is psychological evaluation. MMPI showed the claimant had more difficulty coping. The claimant is not showing any somatization. The claimant has reactive depression. He continues to be a good candidate for another spinal cord stimulator trial and possible implant. Office visit from 01/23/12 showed the claimant never got epidural steroid injection because he was told to hold Dilantin. Straight leg raise was positive. The claimant had previous spinal cord stimulator trial but did not get any relief. The reviewer noted that more information is needed concerning the past spinal cord stimulator trial and results in order to fully evaluate medical necessity of repeat trial.

A reconsideration of previous non-authorization of outpatient spinal cord stimulator trial related to lumbar spine was reviewed on 02/29/12 and original decision was upheld, recommending non-authorization. It was noted that in spite of five previous spine surgeries the claimant continued to have pain. In 2010 and 2011 the claimant had MRIs that showed little change. On 03/10/08 psychological evaluation was authorized prior to spinal cord stimulator trial. Records do not indicate that the spinal cord stimulator was completed. In 2009 he was taking Norco five per day, Lyrica regularly. On 02/10/12 a request for spinal cord stimulator trial was denied because we did not have information regarding the possible use of spinal cord stimulator in the past and how that functioned. Multiple notes going back to 2006 were included for this appeal. They are primarily follow-up for chronic back pain. Note dated 01/23/12 included a comment indicating he had spinal cord stimulator trial that was done some five years before, but no results of that trial were discussed. There is no letter that the 02/08/12 note referred to in the prior decision but there is no new information about the reviewer's concerns about previous trial. As there is no new information, primarily about the question asked by previous reviewer, medical necessity of the requested procedure is not established and denial is upheld.

#### **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 outpatient spinal cord stimulator trial related to the lumbar spine is supported as medically necessary. The claimant is noted to have sustained an injury in 1994. He subsequently underwent five back surgeries including 360 fusion with subsequent removal of instrumentation. Records indicate the claimant had trial of spinal cord stimulator several years ago. There is no clear indication as to results of previous spinal cord stimulator trial outcome. However, noted that, given the new technology and using two leads, repeat SCS trial would be reasonable for this patient with failed back surgery syndrome and worsening left lower extremity radiculopathy. The most recent follow-up from on 03/05/12 indicates that the claimant has triple the amount of narcotic required to control his pain. Also an anti-seizure medication has been added to help control his neuropathy. This medication also has increased threefold. It was noted the increased medication usage has affected his quality of life specifically he is more lethargic. He has typical side effects in terms of constipation. He feels he cannot accomplish activities like he was able to. He is slower mentally. The purpose of the spinal cord stimulator will allow him to hopefully cut these medications at least in half and begin to wean him off. It was noted that at the time of the previous trial his pain was more intermittent, now his pain is constant. It is lumbosacral radiating into the right lower extremity and again this is affecting his quality of life, impeding his activities of daily living. Per psychological evaluation on 02/08/12 the claimant continues to be a good candidate for another spinal cord stimulator trial and possible implant. Given the current clinical data, spinal cord stimulator trial appears appropriate in an effort to manage the claimant's lumbosacral pain radiating into the right lower extremity in an attempt to decrease his narcotic pain medications and hopefully ultimately eliminate them entirely. As such, the previous denials are recommended to be overturned on IRO.

**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)