

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

spinal cord stimulator generator replacement

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

M.D, Board Certified 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

Official Disability Guidelines
Notification of determination 03/22/12
Appeal spinal cord stimulator generator replacement termination 04/03/12
Clinical records Dr. 04/05/97-04/04/12
Mental health and behavioral assessment 02/10/09
Record reviews and updates Dr. 03/21/08, 12/21/09, and 02/11/11
Multiple hospital records various dates 2006
Required medical examination Dr. 01/26/07
Required medical examination Dr. 02/07/06
Additional hospital records including operative note removal of previously implanted abdominal located spinal cord stimulator generator, removal of fractured CSF lead and replacement with new leads with re-implantation of lead, placement of restored, rechargeable generator, 2000-2012

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. The mechanism of injury is described as lifting circuit board weighing approximately 20lbs and injured her low back. The claimant is noted to have undergone back surgery L4-5, spinal cord stimulator implantation and multiple replacements. She was examined by Dr. on 03/15/12 for medication evaluation. She presented with back pain, lower extremity pain and current VAS score of 8 with medications and 10 without. She has a spinal cord stimulator, which has not been functioning properly, and she reported increased pain. She uses the stimulator for three hours a day, and states the stimulator battery only lasts 3 hours before she has to recharge it. At times when she is using stimulator it shuts on and off. Records indicate the spinal cord stimulator implant was replaced in 2000 and 2006.

A preauthorization request for spinal cord stimulator generator replacement was reviewed on 03/22/12 by Dr. who recommended non-certification of the request. Dr. noted that the claimant was injured on 01/20/94 while loading boards. Per the fax request sheet a designated doctor recommended psychological assessment to include MMPI testing; however, the designated doctor evaluation was not submitted for review. The claimant underwent mental health and behavioral assessment on 02/10/09. She rates pain 6-9/10. She reports difficulty sleeping. Current psychosocial stressors include persistence of pain and significant changes to a normally active lifestyle. The claimant reports symptoms of frustration, concern about her future, racing mind, muscle tension, sadness, misery and worthlessness. MMPI scale profile was reportedly of suspect validity because the FBS was above the cut off score. The claimant may have exaggerated or magnified some aspects of symptomatology. Overall severity of symptoms is reportedly moderate. Diagnoses are listed as major depressive disorder, single episode, mild severity; adjustment disorder with depressed mood. The claimant has chronic pain secondary to failed back surgery. She has had a spinal cord stimulator which has not been functioning properly and reports increased pain. She uses the stimulator for three hours per day. She states the battery is only lasting three hours before she has to recharge it and at times while using the stimulator it shuts off and on. Stimulator was replaced in 06/11. Previously her generator has been lasting three years and this one has lasted six years. Dr. noted that no recent medical reports identifying the claimant's clinical condition (including subjective/objective findings, diagnoses, etc.) have been made available for review. Conservative treatment has included medications and spinal cord stimulator. However there is no recent documentation from the requesting physician that the claimant meets the criteria for spinal cord stimulator, that the claimant has had objective improvement with prior use of the spinal cord stimulator, and that there is subsequent suspected dysfunction of the existing device. Therefore medical necessity has not been substantiated.

An appeal request for spinal cord stimulator generator replacement was reviewed by Dr. on 04/03/12 and non-certification again was recommended. Dr. noted that the clinical documentation submitted for review indicates the claimant has continued complaints of poor efficacy for spinal cord stimulator. She feels the battery is ineffective reporting it only lasts three hours before she has to recharge it. Clinical documentation submitted for review did not indicate the device has been officially interpreted by the manufacturer's representative, indicating that the claimant did in fact need a new spinal cord stimulator generator replacement. Additionally it is unclear how effective the implantation of the spinal cord stimulator is for the claimant as reported her pain is at an 8/10 with use of this invention.

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

The claimant sustained a lifting injury to the low back in xxxx. She has a history of previous lumbar surgery. She had spinal cord stimulator implantation. She has had previous replacement of the device in 2006. Per Dr. office notes the claimant in the past reported "excellent" results with use of SCS. She later reported using her stimulator approximately six to eight hours daily which she stated helps most of her lower extremity pain, but she needs medications for back pain. More recently the claimant reported the stimulator was only lasting up to three hours before she had to recharge it and would intermittently turn on and off while being used. Noting the claimant's previous reports it appears she was getting adequate coverage for lower extremity pain. Given the life of the current generator, and the claimant's extensive use of the device for more than a decade, it is the opinion of the reviewer that the requested spinal cord stimulator generator replacement is medically necessary and that its use is in accordance with the ODG's indications for use. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)