

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

Signed electronically on: Nov/05/2012

DATE NOTICE SENT TO ALL PARTIES: Nov/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar spine sympathetic plexus block

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

M.D., Board Certified Anesthesiology; Board Certified Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds there is not a medical necessity at this time for Outpatient lumbar spine sympathetic plexus block.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 10/15/12

Utilization review determination dated 09/24/12

Utilization review determination dated 10/05/12

Prospective IRO review response dated 10/17/12

Utilization review preauthorization TML dated 09/18/12

Utilization review preauthorization TML 10/01/12

Operative report dated 05/10/12

Operative report dated 05/24/12

Preauthorization TML dated 04/24/12

Procedure report thoracic myelogram dated 07/09/12

Preauthorization TML dated 06/19/12

Clinical note dated 04/23/12, 05/23/12, 06/15/12, 07/11/12, and 08/22/12

CT lumbar spine post myelogram dated 04/20/09

CT of pelvis dated 05/10/12

CT abdomen dated 05/10/12

Procedure report caudal epidural steroid injection dated 12/01/11

Clinical note dated 01/17/12, 01/26/12

Peer review dated 04/11/12

Clinical note dated 02/16/12, 03/28/12, 07/23/12, and 09/06/12

Operative report spinal cord stimulator trial dated 03/23/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a male who sustained work related injuries. He was carrying dirt from a trailer to a hole when he developed low back pain. He underwent a two level 360-degree fusion at L4-5 and L5-S1 on 06/12/06. He developed a failed back surgery syndrome. He has undergone multiple treatments in effort to control his pain. On 12/01/11, he had a caudal epidural steroid injection. He is reported to have had some benefit from injections and has largely been maintained on oral medications. On 03/23/12 he had a trial of spinal cord stimulation. When seen in follow-up on 03/28/12 he is reported to have pain in his low back and both legs, with the left side being worse. Due to technical difficulties the surgeon is only able to thread one lead into epidural space, which is placed slightly to right of midline. The top of electrode rest stayed at upper border of T10.

He is noted to have had excellent coverage on right side from this lead. The pain on right side was better by at least 70%. With adjustment of device he had some coverage on left side, which is reported to have provided pain relief. He was able to decrease medication consumption by 50% during trial phase. Records indicate the claimant ultimately underwent permanent implantation. Records indicate title lead implant was performed on 05/10/12. Post-operatively the claimant is reported to have developed abdominal pain.

On 05/23/12 the claimant saw Dr.. He is reported to have continued abdominal irritation from his recent dorsal column stimulator implant. It is reported that the dorsal column stimulator paddle is confirmed to cause stenosis and is causing severe nerve root compression. The claimant is non-responsive to Lyrica or neural modulators. Dr. recommended removal of a paddle lead with replacement of small dorsal column stimulator percutaneous leads.

The claimant had surgery on 05/24/12. Post-procedurally the claimant was seen in follow up on 06/15/12. He is noted to have continued thoracic dysesthesias and allodynia associated with upright activity. He had a thoracic myelogram on 07/09/12. The study notes a presence of epidural leads. There are some small tiny disc bulges noted at T8-9 T9-10 and T11. When seen in follow up on 07/11/12 it is noted that the claimant continues to have thoracic dysesthesias.

Review of the CT shows an appropriate amount of room for the new implant. He is noted to have a history of spinal stenosis on 07/23/12. He had improved significantly, was using his spinal cord stimulator for his low back and bilateral leg pain. His medication use is noted to be hydrocodone 7.5/325 and gabapentin 800mg per day. He is reported to be ready to return to work. On 08/22/12 it is reported that his allodynia is markedly improved from pre-op but only marginally improved from six weeks ago. His pain is worse at night and he cannot distract himself. He has pain with non-painful stimuli such as soft touch. A sympathetic block has been recommended and denied.

The initial review was performed by Dr. on 09/18/12 Dr. non-certified the request noting that there is no clear cut evidence of CRPS based on the clinical examination. He notes the lack of a post spinal cord stimulator CT myelogram.

The appeal request was performed by Dr. on 10/01/12. Dr. non-certified the request noting the lack of a clear cut evidence of a chronic regional pain syndrome based on the clinical examination. He writes that the most recent physical examination notes allodynia in the T12 distribution as the only significant finding. He further notes that the diagnosis of complex regional pain syndrome has not been established and that it would appear that the primary cause of the claimant's complaints are related to malfunctioning of the spinal cord stimulator rather than a diagnosis of complex regional pain syndrome.

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

The medical records indicate that this claimant has a failed back surgery syndrome for which

he underwent placement of a dorsal column stimulator. Post-operatively the claimant has had issues with stimulator lead placement, which has resulted in the development of T12 radicular symptoms secondary to malplacement/malfunctioning of the lead. There is no objective evidence of complex regional pain syndrome on physical examination. Therefore, the reviewer finds there is not a medical necessity at this time for Outpatient lumbar spine sympathetic plexus block.

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)