INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West Eldorado Pkwy' Suite 100 -373 . McKinney, Texas 75070
Office 469-218-1010 . Toll Free Fax 469-374-6852 e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

October 29, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Deny in office trial spinal cord stimulator for the upper limb at Precision Pain Consultants as requested by Dr. xxxx

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

Board Certified PM&R

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ x Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Radiographs cervical spine 04/27/05
MRI left wrist 11/15/11
Electrodiagnostic studies 04/26/12
Peer review 06/23/12
Clinical notes xxxx 06/07/12-09/07/12
Progress report Dr. 09/25/12
Procedure note 07/02/12

Prior reviews 08/27/12 and 09/04/12
Mental health evaluation 08/17/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx to the left wrist. MRI studies of the left wrist in 11/11 revealed a small peripheral tear of the TFCC. Electrodiagnostic studies in 04/12 were negative for any significant findings. The patient was followed by Dr. since 06/12. The patient did report swelling pain and weakness in the left wrist and hand. Physical examination on 06/07/12 revealed mild weakness in the left upper extremity including the left shoulder. Medications at this visit included hydrocodone and ibuprofen just hydrocodone. Other medications have included Lyrica. The patient was recommended for a left cervical sympathetic ganglion block which was completed on 07/02/12. The patient reported decreased pain following the injection. The patient was recommended for repeat stellate ganglion blocks. Clinical evaluation by Dr. on 09/25/12 stated patient has had worsening symptoms that have not responded to pain management. The patient reported worsening numbness and tingling in the left upper extremity. Physical examination was within normal limits. The request for spinal cord stimulator trial was denied by utilization review on 08/27/12 due to lack of adequate psychological evaluation. Review of psychological evaluation dated 08/17/12 included MMPI-II test which supported the validity of the evaluation. The patient was recommended for spinal cord stimulator trial. The request for spinal cord stimulator trial was denied by utilization review on 09/04/12 due to the lack of indications regarding CRPS diagnosis.

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

The request for spinal cord stimulator trial is not recommended as medically necessary based on clinical documentation submitted for review. The patient has had continued complaints of pain and weakness and loss of sensation in left upper extremity that has not responded to conservative treatment including pain medications or neuropathic medications such as Lyrica. The patient underwent a stellate ganglion block in 07/12; however, significant response was not documented. The patient reported reduced pain; however, significant response was not documented. There is also limited objective evidence to support diagnosis of CRPS in this case. There is no evidence of significant allodynia, skin mottling, hyperhidrosis, or abnormal hair growth that are clinical indicators for CRPS. Given lack of objective evidence to support diagnosis of CRPS, the patient would not meet

guideline recommendations regarding spinal cord stimulator trials which limit the use of spinal cord stimulator to patients diagnosed with CRPS, failed back surgery syndrome, or postherpetic neuralgia. As such, medical necessity is not established.

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

☐ **x MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **x ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Reference: ODG

Indications for stimulator implantation:
• Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence.
• Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)
• Post amputation pain (phantom limb pain), 68% success rate (Deer, 2001)
• Post herpetic neuralgia, 90% success rate (Deer, 2001)
• Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)
• Pain associated with multiple sclerosis
• Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).