

# I-Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Dec/03/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** outpatient spinal cord stimulator permanent implant

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Neurological Surgery

**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.** It is the opinion of this reviewer that this request for outpatient spinal cord stimulator permanent implant is reasonable and medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical note dated 02/17/06  
Clinical note dated 06/28/06  
Clinical note dated 09/22/06  
Clinical note dated 11/17/06  
Clinical note dated 04/26/07  
Designated Doctor Evaluation dated 07/09/07  
Clinical note dated 07/30/07  
Clinical note dated 12/20/07  
Medical history review dated 04/23/08  
Functional capacity evaluation dated 07/28/08  
Clinical note dated 11/27/07  
Clinical note dated 06/11/09  
Clinical note dated 02/01/10  
Clinical note dated 11/08/10  
Clinical note dated 03/21/11  
Clinical note dated 05/24/11  
Clinical note dated 07/15/11  
Clinical note dated 09/12/11  
Clinical note dated 09/28/11  
Clinical note dated 11/22/11  
Clinical note dated 03/26/12  
Clinical note dated 07/20/12  
Clinical note dated 09/10/12  
Clinical note dated 09/18/12

Presurgical consultation and behavioral assessment dated 09/20/12

Clinical note dated 11/15/12

Clinical note dated 04/30/13

Clinical note dated 06/13/13

Clinical note dated 08/12/13

Clinical note dated 08/16/13

Clinical note dated 09/13/13

Clinical note dated 10/25/13

Clinical note dated 11/12/13

IRO dated 07/06/11

Previous adverse determinations dated 09/04/13 & 10/15/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury regarding his left ankle when he sustained a work related injury. The clinical note dated 11/27/07 indicates the patient having previously undergone 2 left ankle surgeries, the 1st being in October of 2006 with a subsequent surgery in February of 2007. The patient was also noted to have undergone a course of physical therapy following the 2nd operation. The note indicates the patient utilizing Vicodin for pain relief and Lunesta for sleep issues. The clinical note dated 06/11/09 indicates the patient stating the initial injury occurred when he was struck by a vehicle resulting in a fracture. The note indicates the patient having undergone a 3rd surgical intervention consisting of an osteochondral autograft transfer. This was noted to result in no significant benefit. The patient stated that he was unable to bear weight. The note indicates the patient utilizing 2 crutches and a cam walker. Upon exam, the patient was able to demonstrate 25 degrees of plantar flexion. The clinical note dated 03/26/12 indicates the patient continuing with left ankle pain. The patient was noted to have findings of complex regional pain syndrome at that time. The patient rated his left ankle and foot pain as 8/10. Discomfort was elicited with weight bearing. The toenails were noted to be thickened and discolored. Diminished sensation was noted along the left 2nd toe. No hair was noted on either foot. Pain was elicited with toe and ankle motion on the left. The patient's skin presented as being dry and flaky. The clinical note dated 07/20/12 indicates the patient continuing with findings consistent with chronic regional pain syndrome and the patient was recommended for a psychological evaluation. The presurgical consultation dated 09/20/12 indicates the patient demonstrating findings of moderate depression and anxiety. The patient was noted to have realistic expectations regarding the recommended surgical interventions. Therefore, the patient was fully endorsed for a spinal cord stimulator trial at that time. The clinical note dated 08/12/13 indicates the patient presenting for a spinal cord stimulator trial to address the CRPS. The patient rated his pain as 4/10. Significant strength deficits were noted throughout the left lower extremity. Sensation was noted to be decreased in the L4 through S1 dermatomes on the left. The patient was noted to have undergone a spinal cord stimulator trial at that time. The clinical note dated 08/16/13 indicates the patient presenting for removal of the spinal cord stimulator. The patient continued to rate his pain as 8/10 at that time. The patient was noted to have 80% relief of pain through the trial. The clinical note dated 09/13/13 indicates the patient continuing to report an 80% relief of pain through the spinal cord stimulator trial. The note indicates the patient having a decrease in medication. The clinical note dated 10/25/13 indicates the patient continuing with 8/10 pain. The note indicates the patient being recommended for implantation of a spinal cord stimulator. The clinical note dated 11/12/13 indicates the patient continuing with left ankle and foot pain.

The utilization review dated 09/04/13 resulted in a denial for an implantation of a spinal cord stimulator as no objective documentation was submitted regarding the patient's clinical and functional response during the spinal cord stimulator trial.

The utilization review dated 10/15/13 resulted in a denial as no evidence was provided regarding the patient's response to the spinal cord stimulator trial.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation submitted for review elaborates the patient complaining of chronic regional pain syndrome in the left lower extremity. The permanent implantation of a spinal cord stimulator would be indicated

provided the patient meets specific criteria to include a 50% pain relief with a medication reduction throughout the spinal cord stimulator trial. The clinical notes indicate the patient having a 50% reduction in pain. Additionally, the patient is noted to have reduced his medication intake by 15 pills through the spinal cord stimulator trial. Furthermore, the patient has noted a return to radiating pain from the low back into the left lower extremity upon the removal of the spinal cord stimulator. Given these findings, it is the opinion of this reviewer that this request for outpatient spinal cord stimulator permanent implant is reasonable and medically necessary. As such the prior denial is 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)