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Notice of Independent Review Decision

Date notice sent to all parties: 08/07/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Spinal cord stimulator trial

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

Board Certified in Anesthesiology
Fellowship Trained in 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)

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

Spinal cord stimulator trial - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Problem list dated 10/13/03
Reports dated 06/28/04, 07/27/04, 07/03/09, 08/17/09, 09/29/09, 11/13/09, 11/19/09, 01/07/10, 01/12/10, 03/05/10, 03/30/10, 04/19/10, 04/26/10, 05/11/10, 08/12/10, 09/30/10, 10/15/10, 11/16/10, 03/15/11, 04/11/11, 06/01/11, 06/20/11,

08/08/11, 09/12/11, 10/28/11, 12/08/11, 01/19/12, 03/07/12, 11/16/12, 02/07/13, and 07/22/13
EMS report dated xx/xx/xx
Emergency room records dated xx/xx/xx
Cervical and lumbar x-rays dated xx/xx/xx
Report dated 04/23/09, including laboratory studies
Lumbar x-rays dated 07/03/09, 11/16/12, 10/28/11, 12/08/11, 01/19/12, and 03/07/12
ROM studies dated 07/03/09, 09/29/09, 11/13/09, 03/15/11, 08/08/11, 03/07/12, 02/07/13, and 02/22/13
Lumbar MRI dated 07/22/09
Designated Doctor Evaluations dated 07/23/09, 04/16/10, and 05/24/11
DWC-69 and DWC-73 forms dated 07/23/09, 04/16/10, and 05/24/11
Procedure orders dated 08/25/09, 07/30/10, 08/01/11, 02/20/13, and 04/30/13,
Telephone conference note dated 08/28/09, 05/06/10, 05/18/10, 08/31/10, 09/03/10, and 01/09/13
Preauthorization notices dated 08/28/09, 09/11/09, 10/20/09, 05/19/10, 08/31/10, 09/10/10, 01/30/12, 01/09/13, 02/20/13, 04/10/13, and 06/13/13
EMG/NCV study dated 10/14/09
Operative reports dated 11/06/09, 02/26/10, 07/30/10, 08/31/11, and 04/30/13
Enhanced Interpretive Report for BHI2 dated 04/19/10
Notice of IRO Decisions dated 06/14/10 and 10/07/10
Request for a Medical CCH dated 10/15/10
Notice of CCH dated 11/10/10
Order on Request for Continuance dated 02/24/11
Order for Telephone CCH dated 02/24/11
TDI-DWC Decision and Order dated 05/23/11
Request for Review dated 06/15/11
Physical therapy Assessments and Plan of Care dated 09/16/11, 10/21/11, 02/02/12, 03/15/12, 05/08/12, 05/14/13, and 06/21/13
Lumbar CT myelogram dated 02/16/12
RME dated 05/10/12
Preauthorization acknowledgements dated 01/02/13, 01/29/13, 02/12/13, 03/04/13, 06/05/13, 06/10/13, and 07/19/13
Preauthorization requests 01/02/13 and 02/19/13
Psychiatric evaluation dated 02/22/13
Request for extension dated 04/09/13
Reconsideration request dated 07/15/13 and 07/16/13
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was allegedly injured on xx/xx/xx. The patient was seen in the emergency room on that day, complaining of lumbar and left leg pain. X-rays demonstrated mild L5-S1 degenerative joint and disc space findings. On 07/03/09, the patient was seen, complaining of lumbar pain radiating to the left

groin, bilateral leg pain, and left ankle pain. ordered a lumbar MRI, which was done on 07/22/09. It demonstrated mild annual disc bulges at L4-L5 and L5-S1 with moderate bilateral L5-S1 foraminal narrowing and bilateral L4-L5 foraminal narrowing, worse on the right (the patient's pain, however, radiated into his left leg). then performed lumbar ESIs with "lysis of adhesions" on 11/06/09 and again on 02/26/10. The patient returned on 03/05/10 reporting no improvement from either of the ESIs. then performed L3-L4 and L4-S1 discograms on 07/30/10 with the patient allegedly having concordant pain radiating from his back to his hips with testing of the L5-S1 disc. then requested authorization for anterior lumbar interbody fusion and posterolateral lumbar fusion at L5-S1, which was denied on 09/10/10 due to there being no documentation of segmental instability to otherwise justify fusion. A Designated Doctor Evaluation was then performed on 05/24/11 in which the patient was found to be at statutory MMI as of 04/26/11 with a 5% whole person impairment rating. The patient was stated capable of returning to work with restrictions. A CCH was then performed on 05/24/11 in which the patient was found to be "entitled to the anterior lumbar interbody fusion and posterolateral lumbar fusion at L5-S1 with two-day inpatient hospital stay" for his compensable injury. On 08/31/11, performed anterior discectomy and interbody fusion at L5-S1 with posterolateral instrumentation bilaterally at L5-S1 to perform posterolateral fusion. The patient continued to complain of significant back and then left leg pain on follow-up visits on 09/12/11 and 12/06/11. A lumbar CT myelogram was, therefore, performed on 02/16/12. It demonstrated lucency surrounding the surgical screw coursing across L4-L5 and L5-S1, which the radiologist termed "worrisome for subtle loosening." The same L4-L5 disc bulge and moderate neuroforaminal stenosis was noted at L4-L5, but no canal or foraminal stenosis was noted at L5-S1. Unfortunately, no flexion/extension films were performed. On 11/16/12, the patient returned, still complaining of back pain and lower extremity numbness, tingling, and weakness. recommended a spinal cord stimulator trial. A physician reviewer recommended non-authorization of the request on 01/09/13, citing the lack of the patient undergoing necessary psychological evaluation per the Official Disability Guidelines (ODG). On 02/07/13, the patient returned, now complaining of constant lumbar pain and left buttock pain. referred the patient, a psychiatrist, for psychological evaluation on 02/22/13. performed nothing more than a cursory superficial mental status examination and declared the patient "an appropriate and excellent candidate for spinal cord stimulator trial." She did not perform any psychological testing. On 04/30/13, performed a left sacroiliac joint injection. On 05/14/13, the patient was evaluated for physical therapy, but no subsequent progress notes regarding therapy were provided. On 06/13/13, an orthopedic surgeon physician advisor recommended against authorization for the requested spinal cord stimulator trial, noting that did not make himself available for peer-to-peer evaluation. The reviewer noted his concern regarding the lucency seen around the screws on the imaging studies and, therefore, uncertainty regarding whether any further surgery would be needed to address that. On 07/02/13, followed-up with the patient, now noting only "pain in the lumbar region" with a pain level of 3/10. He stated that he did not plan any additional surgery for the patient, but made no mention whatsoever of the CT myelogram study results. A second physician reviewer, on

07/19/13 also recommended non-authorization of the requested spinal cord stimulator trial.

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

Spinal cord stimulation is indicated to treat radicular pain due to failed back surgery syndrome. This patient has never had any constant pain complaints of such radicular pain, although he clearly has had constant low back pain complaints ever since the fusion surgery performed on 08/31/11. The most recent imaging study, a CT myelogram, demonstrated evidence of potential loosening of hardware at the fusion site, a finding which has not been either addressed or further investigated by the operating surgeon with x-rays such as flexion/extension studies which would demonstrate whether the fusion was solid or not. Although the patient underwent psychological evaluation, it was wholly inadequate as it did not include any of the recommended psychological testing that would be necessary in order to accurately determine whether there were psychological barriers to a successful spinal cord stimulator trial. Absent psychological testing, such as MMPI-2, the evaluation, which included nothing more than a superficial cursory mental status examination, does not provide the required necessary evaluation and information and, therefore, is entirely inadequate for determining candidacy for a spinal cord stimulator trial.

Additionally, the patient has not had any type of injection therapy to address his ongoing back and/or intermittent left leg pain since the fusion surgery performed. Therefore, it cannot be said that the patient has exhausted, nor even tried, any conservative treatment to justify advancing to a spinal cord stimulator trial. Therefore, this patient does not meet the ODG or nationally accepted medical standards or indications for a spinal cord stimulator trial. He has not had adequate evaluation or treatment for his current pain complaints nor has an adequate psychological evaluation been performed. Additionally, the patient does not have consistent radicular pain complaints, although he clearly has significant ongoing constant lumbar pain complaints, which by themselves are not a sufficient medical indication for a spinal cord stimulation trial. The patient is not currently an appropriate candidate for a spinal cord stimulator trial, does not meet the ODG criteria for a spinal cord stimulator trial, and does not have the requisite medical indications for a spinal cord stimulator trial. Therefore, the prior recommendations for non-authorization of the requested spinal cord stimulator trial are upheld at this time.

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

- ACOEM- AMERICAN 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)**