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Notice of Independent Review Decision

**Date notice sent to all parties: 12/29/12**

**IRO CASE #: 44108**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

**CPT 63650, Trial Spinal Cord Stimulator**

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

**Texas Licensed, Board Certified Orthopedic Surgeon**

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. Utilization Review Worksheet from 11/12/12 and 11/15/12
2. Peer Review report of 11/14/12 and 12/3/12
3. Utilization Review Determination of 11/14/12 and 12/3/12
4. pre-authorization request 11/12/12
5. office notes of 10/18/12, 9/24/12, 8/15/11, 8/8/11, 7/21/11, 6/30/11, 6/16/11, 5/9/11,
6. Operative Report 10/10/12, 8/2/11, 9/13/11, .
7. Myelogram 10/10/12, 10/13/10,
8. CT myelogram 10/20/12
9. CT 8/2/11,
10. MRI 2/16/11
11. 9/19/11 discharge summary
12. 9/13/11 Admission Summary

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a woman with history of low back pain related to a work injury on xx/xx/xx. The medical records reflect that she has had multiple back surgeries in the last 2 years. In 4/2011 She underwent left L4-5 exploration with excision of large recurrent herniated disc with nerve root decompression. Subsequently, she developed increased low back pain and required additional imaging studies. She developed staph skin infections requiring systemic antibiotics.

On 9/13/2011 she underwent more extensive back surgery with L4-L5 decompression and fusion. The medical records reflect she underwent exploration of previous laminectomy site, bilateral L4 and L5 root decompression with opening of lateral recesses and foraminotomies, L4-S1 decompressive laminectomy, L4-S1 anterior spinal column arthrodesis and bilateral L4-S1 posterolateral fusion on 09/13/11.

On 10/20/11 she followed up with five weeks post-op. She no longer complained of hip or leg pain. Her leg strength was good. She walked well. Her incision was well healed and sutures were removed. She only reported occasional use of hydrocodone. She requested a prescription for physical therapy.

She has had regular follow-up with neurosurgeon and additional lumbar imaging has been performed. She is currently being treated who has now recommended a spinal cord stimulator trial for chronic pain management.

Lumbar myelogram dated 10/10/12 indicated post op changes but no specific hardware

complications. There was disc space narrowing at L4-L5; disc bulge is present at L3-4. There are degenerative changes of the facet joints, but no significant neural foraminal narrowing. No fracture or focal bone lesion was present. There were no disc herniations. There was no spinal stenosis. No soft tissue abnormality was visible.

Follow up note dated 10/18/12 indicates that she has mid-lumbar pain and bilateral hip and leg pain, more so on the left side. She does not get help with epidural steroid injections. She is prescribed hydrocodone 10 mg 5 times daily and Cymbalta 60 mg at bedtime for her chronic back pain.

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

In general, spinal cord stimulator trial is an option for individuals with chronic low back pain and radiculopathy who have failed conventional treatments including pharmacological, surgical, physical, and psychological treatment. This treatment (spinal cord stimulator trial) is a last resort when the pain is refractory to all other therapies or the treatment is felt contraindicated.

In this case, the medical records submitted do not document that the patient has failed multiple alternative treatment strategies. These may obviate the need for an interventional procedure such as a spinal cord stimulator trial leading to permanent placement.

There is no information that the patient has been evaluated by a multidisciplinary pain management program or tried alternative pain medications including neurontin, Lyrica, Topamax, selective serotonin reuptake inhibitors, tricyclics, or other adjunctive analgesics for chronic pain.

The medical records do not contain any recent emg / nerve conduction studies for evaluation of persistent radiculopathy.

There are no physical therapy or rehabilitation notes despite her history of chronic low back pain and prior back surgeries. There is no information related to compliance or attendance at physical therapy or rehabilitation. It is unknown if the patient is performing a self supervised home exercise program or swim program.

In addition, the medical records reflect that the patient is morbidly obese but there are no height and weight measurements or BMI calculations. There is no dietician or nutrition evaluation which addresses weight management.

Weight reduction in combination with an active program of back exercises and stretching and a swim program may have beneficial effects on chronic back pain management and patients overall functional status including overall mobility.

There is no information related to smoking status and whether the patient smokes as it is

known that smokers tend to have worse low back pain than nonsmokers.

There is no information that the patient has been evaluated by a psychologist / psychiatrist with respect to her chronic low back pain complaints. Psychological issues including depression, anxiety, drug dependency, and other psychological problems / conditions should be addressed and if found present, should be treated and excluded as a cause for chronic pain. Coping strategies for chronic pain should be addressed. The psychologist / psychiatrist should address whether she is a suitable candidate for additional interventional procedure such as spinal cord stimulator trial.

There is no information in the medical records reviewed that the patient has undergone this type of psychological / psychiatric evaluation.

### **IRO REVIEWER REPORT TEMPLATE -WC**

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#### **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)**

#### **X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION):**

Standard textbooks: 2008 Delisa: Rehabilitation Medicine 5/E, 2010 Lippincott Williams & Wilkins., Braddom: Physical Medicine And Rehabilitation 4/E, 2010 W B Saunders Company., Sawark:Essentials of Musculoskeletal Care 4/E, , 2010 American Academy of Orthopedic Surgery.