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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/03/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar SCS trial x 16

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Anesthesiologist and 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. It is the opinion of the reviewer that the request for Lumbar SCS trial x 16 is recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 06/04/13, 05/16/13, 02/08/13

Peer review analysis dated 04/04/13

Letter of medical necessity undated

Behavioral health note dated 04/26/13, 01/30/13

Mental health evaluation dated 01/30/13

Appeal letter dated 05/30/13

Follow up note dated 01/03/13

Office visit note dated 05/21/13, 04/19/13, 04/12/13, 03/22/13

Lumbar MRI dated 10/19/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. On this date the patient was lifting totes. MRI of the lumbar spine dated 10/19/12 revealed left paramedian disc protrusion at L5-S1 which abuts but does not displace or compress the left S1 root; left paramedian disc protrusion at L4-5 extending slightly superiorly from the disc space and possibly encroaching upon the left L5 root; left lateral disc protrusion at L3-4 probably impinging upon the crossing left L4 root. Mental health evaluation dated 01/30/13 indicates that medications include MS Contin, morphine sulfate and metformin. The patient is reported to be a fair candidate for spinal cord stimulator trial from a psychological perspective. Peer review dated 04/04/13 indicates that the patient underwent decompressive surgery on the left at L3-4 on 07/13/10, a series of lumbar epidural steroid injections and extensive physical therapy. Office visit note dated 05/21/13 indicates that there is no need for further lumbar surgery at this time. She is taking her medication as prescribed. Medications are listed as MS Contin, Dilaudid, Zoloft, Baclofen/amitriptyline/gabapentin/lidocaine, and Metformin. On physical examination there is increased pain with forward lumbar extension greater than flexion. She has positive straight

leg raising on the left in a left S1 and L4 distribution and positive on the right in an L3 distribution.

Initial request for lumbar spinal cord stimulator trial was non-certified on 05/16/13 noting that the peer review conducted on 02/06/13 notes that the provider opined that the patient was not a candidate for spinal cord stimulator trial due to a surgical opinion that felt as if no further surgery was needed, but there was also a statement that he did not review the most recent MRI”.

The most recent clinical evidence submitted for review dated 04/19/13 states that the provider was in contact with office, where he assured the provider he did have the imaging for review and would be updating his notes. However, there was no statement in the clinical evidence submitted where indicated whether or not the patient would be a candidate for surgical proceedings. Official Disability Guidelines state spinal cord stimulation is recommended for selected patients in cases when less invasive procedures have failed or were contraindicated. However, the potential surgical intervention still remains unaddressed since the peer review report. The denial was upheld on appeal dated 06/04/13 noting that the behavioral health assessment is not submitted for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient presents with failed back syndrome and continues with low back pain and lower extremity pain despite surgical intervention, interventional procedures and extensive physical therapy. The patient has been cleared for the procedure from a psychological standpoint, and the behavioral health assessment was submitted for review. The patient is not a candidate for further lumbar surgery at this time. The issues raised by the prior reviewers have been addressed, and the patient is an appropriate candidate for a spinal cord stimulator trial. As such, it is the opinion of the reviewer that the request for Lumbar SCS trial x 16 is recommended as medically necessary.

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)