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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:

Revision of SCS Leads

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Reconsideration determination dated 06/12/13
Utilization review determination dated 05/16/13
Clinical notes dated 09/20/10 – 06/11/13
Physical therapy notes dated 05/01/12 – 06/01/12
Operative report, implantation of a spinal cord stimulator leads with battery; removal of obsolete non-functioning SES lead and battery dated 08/02/12
Clinical notes dated 10/31/95 – 05/14/10
Mental health evaluation dated 10/07/10
X-rays of the lumbar and thoracic spine dated 02/04/08
Independent medical evaluation dated 03/16/06
Power mobility device examination report dated 07/19/06
Operative report, bilateral shoulder block, dated 09/15/06
CT scan of the left knee dated 11/09/04
Clinical notes dated 11/12/04 & 12/10/04
Operative report, epidural somatic blockade, placement of lumbar epidural catheter, Wydase injection, epidural neurolytic block, L5-S1 transforaminal root blocks, dated 08/23/02
Emergency physician record dated 05/24/02
CT scan of the lumbar and thoracic spine dated 07/24/02
Electrodiagnostic testing dated 10/09/98 & 05/12/00
Skin biopsy report dated 03/05/99
Clinical notes dated 09/11/98 – 04/30/99

Operative report, implantation of a trial spinal cord stimulator electrode, dated 05/15/00
Operative report, implantation of a spinal cord stimulator electrode x 2, dated 06/28/00
Operative report, bilateral intraarticular knee block, dated 01/15/98, 01/22/98, 01/29/98, and 02/05/98
Progress notes dated 06/04/97, 01/16/98, and 01/22/98
Clinical notes dated 03/10/95 – 07/06/98
Functional capacity evaluation dated 03/13/97
Designated doctor evaluation dated 03/30/96
Initial evaluation dated 10/03/95
Operative report, lumbar sympathetic block, dated 10/18/95, 11/17/95, 11/22/95, 12/01/95, and 12/13/95
Employee's first report of injury or illness dated xx/xx/xx
Clinical note dated 02/03/94
Initial medical report and specific and subsequent medical reports dated 02/04/94 – 11/30/94
Operative report, hardware removal left ankle with screw replacement dated 04/13/94
Clinical note dated 09/29/94
Physical therapy initial evaluation plan of care dated 11/04/94
Rehabilitation services patient progress report dated 11/29/94
Procedure note dated 02/27/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. He reportedly was injured when his foot was caught up in a belt and he sustained a bimalleolar fracture of the left ankle as well as significant soft tissue injury around the ankle. He underwent open reduction internal fixation and also had a full thickness skin graft at the medial aspect of the ankle. The patient subsequently developed complex regional pain syndrome (CRPS). He was treated with physical therapy, lumbar sympathetic blocks, and medications including Neurontin and Lyrica without significant relief. The claimant underwent spinal cord stimulator implant, with subsequent revision/replacement of non-functioning spinal cord stimulator on 08/02/12. The claimant was seen on 05/13/13 with complaints of low back pain and lower extremity pain. He stated that due to the spinal cord stimulator leads migrating upwards he was no longer able to use the spinal cord stimulator and was having increased pain. He wanted to have the spinal cord stimulator revised as soon as possible.

A request for revision of spinal cord stimulator leads was non-certified on 05/16/13 noting that the objective functional response in terms of increased activities of daily living and decreased medication use following spinal cord stimulator implant were not documented. Also there was no evidence in the medical records that the claimant had conservative treatment after implantation of the spinal cord stimulator. Also the most recent diagnostic imaging studies ruling out other pain generators were not provided for review.

A reconsideration request for an appeal request for revision of spinal cord stimulator leads was non-certified on 06/12/13. The reviewer noted that the request previously was denied as there was no clinical documentation of functional benefits or evidence of conservative treatment after implantation of the spinal cord stimulator. There was no recent imaging study ruling out other pain generators. The most recent clinical record indicated that the claimant continued to have low back and lower extremity pain. The claimant stated his spinal cord stimulator leads were migrating. No imaging studies were provided for review assessing the placement of spinal cord stimulator leads that would reasonably require revision at this time. Without updated imaging studies identifying abnormal migration of the spinal cord stimulator leads a revision procedure would not be supported as medically necessary. During peer to peer discussion, he noted that x-ray in his office showed the leads migrated caudally from the top of T8 to the middle of T8 and he wanted to reposition them slightly. He indicated that he would provide radiographs demonstrating this migration, but no additional information was provided.

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

The claimant was injured in xxxx. He subsequently developed CRPS and underwent implantation of a spinal cord stimulator. Operative report dated 08/02/12 indicated that the claimant underwent revision procedure with removal of an obsolete and non-functioning spinal cord stimulator leads and battery and implantation of a new spinal cord stimulator. The records submitted for review did not include any imaging studies performed after this revision procedure in 2012 that would clearly document migration of spinal cord stimulator leads. As noted on previous reviews, there is no documentation that the claimant has undergone recent conservative treatment. Most recent physical therapy notes reflect that the claimant participated in physical therapy in May and June of 2012. There is no documentation of subsequent therapy following spinal cord stimulator revision procedure in 08/12. Based on the clinical information provided, it is the opinion of this reviewer that the request for revision of spinal cord stimulator leads does not meet evidence based criteria, and medical necessity is not established.

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)