

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/26/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** implantation of dual lead spinal cord stimulator

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Physical Medicine and Rehabilitation 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 an implantation of dual lead spinal cord stimulator is not recommended as medically necessary.

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

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical notes dated 06/28/07 – 05/30/13  
Procedure note dated 05/23/13  
Previous utilization reviews dated 06/12/13 & 06/27/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury regarding both upper extremities. The clinical note dated 06/28/07 details the patient having been diagnosed with bilateral carpal tunnel syndrome. The patient was noted to have undergone conservative therapies as well as injections with no significant improvement. The patient was noted to have undergone a right carpal tunnel release in January of 2003 and then a left carpal tunnel release in May of 2003. The patient continued with swelling, numbness, and tingling in the upper extremities. The clinical note dated 08/06/08 details the patient continuing with difficulty with repetitive upper extremity work. The patient was recommended for an additional physical therapy course at that time. The procedure note dated 05/23/13 details the patient undergoing a spinal cord stimulator trial. The presurgical evaluation dated 03/29/13 details the patient being fully endorsed from a psychological perspective for a spinal cord stimulator implantation. The clinical note dated 04/02/13 details the patient continuing with bilateral upper extremity neuropathy. The note does detail the patient utilizing Hydrocodone for ongoing pain relief. The patient rated his pain as 8/10 at that time. Decreased strength was noted in both hands. The patient's strength was noted to be 4+/5. Tenderness was noted at the right wrist, forearms, and biceps; the left wrist, forearms, and biceps. The clinical note dated 05/23/13 details the patient continuing with bilateral upper extremity pain. Tenderness was noted at both arms upon palpation. The clinical note dated 05/30/13 details the patient stating the previous trial provided intermittent relief. The patient reported a 50% reduction in neck pain.

The previous utilization review dated 06/12/13 for an implantation of a spinal cord stimulator resulted in a denial secondary to the patient's specific pathology not warranting a spinal cord stimulator as no information was submitted regarding the patient's failed back surgery syndrome, CRPS, post-amputation pain, postherpetic neuralgia, or a spinal cord injury. Additionally, a discrepancy was noted in the documentation regarding the patient's reduction in pain medication throughout the spinal cord stimulator trial.

The previous utilization review dated 06/27/13 resulted in a denial for a spinal cord stimulator implantation as the recommended indications for a spinal cord stimulator implantation were not noted in the patient's documentation.

**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 bilateral upper extremity pain with associated tenderness throughout the wrists and hands. A spinal cord stimulator implantation would be indicated provided the patient meets specific criteria to include a successful spinal cord stimulator trial and the patient is noted to have significant clinical findings indicating a failed back surgery syndrome, complex regional pain syndrome, post-amputation pain, postherpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, or peripheral vascular disease. The patient is noted to have had a 50% reduction in pain through the previous spinal cord stimulator trial. However, no information was submitted regarding the patient's significant clinical findings indicating the need for a spinal cord stimulator implantation. Given that no information was submitted regarding the patient's significant clinical findings indicating a failed back syndrome, CRPS, previous amputation, postherpetic neuralgia, a spinal cord injury, multiple sclerosis, or peripheral vascular disease, this request is not indicated. As such, it is the opinion of the reviewer that the request for an implantation of dual lead spinal cord stimulator is not 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)