



IRO REVIEWER REPORT – WC

DATE OF REVIEW: 10/14/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Permanent Peripheral Nerve Stimulator (PNS)

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

Board certified in Physical Medicine and Rehabilitation
Board certified in Pain Medicine
Certified in Evaluation of Disability and Impairment Rating - American Academy of Disability Evaluating Physicians

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 or not medical necessity exists for each of the health care services in dispute:

- Permanent Peripheral Nerve Stimulator (PNS) - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is documented as having HNP Lumbar, post lumbar laminectomy syndrome, chronic pain syndrome, and lumbar spondylosis. In addition to back surgery, she has had a spinal cord stimulator, following which she continued to present with axial pain. Medications of Dilaudid and Tramadol were noted to not be controlling her pain. She then underwent a peripheral nerve stimulator trial in December 2013, which provided 50% pain relief. Following this, the patient

then underwent the implant in February 2014. As of March 2014, the implant was providing 40% pain relief.

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

ODG does not recognize the use of spinal cord stimulators for peripheral nerve stimulation (PNS) and this is an off label use of the modality that remains unproven. Per the physician response to the denial stating that because the patient gets 40% pain relief the procedure is medically necessary, this does not appear to be the case based on the records reviewed. The patient has overall received a measurable percentage of pain relief from all treatment modalities to date, yet continues with significant levels of pain and dysfunction. There is no documentation of improved function from this modality (ie. improved ADLs or work ability) which would be required to consider this modality effective. Criteria requirements in this patient have not been met and therefore the treatment is neither reasonable or medically necessary.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**