

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/30/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

FCS removal and new SCASCS implant for the lumbar spine.

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

MD, Board Certified Orthopedic Surgery

Fellowship Trained Spine Surgery

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male who is status post L5-S1 decompression and fusion in 1994 and placement of a spinal cord stimulator in 1995 subsequently revised at the end of that same year. On 06/03/14, this patient was seen in clinic for complaints of back pain. The pain at that time was rated at 8/10. He had pain that radiated bilaterally to the lateral hip and going down to the buttocks into the toes down to the bilateral feet with associated tingling and numbness constantly extending to the toes bilaterally. He was started on Gabapentin. On 06/13/14, this patient was seen in clinic, and reported pain to his low back going down to his bilateral legs and he had diminished sensation over his right hand attributed to severe fracture to the right upper extremity. On 07/02/14, a CT lumbar myelogram revealed this patient to be status post discectomy, anterior interbody fusion, and bilateral laminectomy at L5-S1, with fibrosis surrounding both of the S1 nerve root sheaths in the lateral recesses, with a 4mm posterior disc protrusion at L4-5 moderately effacing the thecal sac and moderately narrowing the foramina and lateral recesses. This disc protrusion contacted the L4 and L5 nerve roots bilaterally and there was a 2mm disc bulge at L2-3 and L3-4. That exam was read. On 07/08/14, this patient returned to clinic. He reported that for about a year after his revision of his spinal cord stimulator in 1996, he was able to achieve decent pain relief with the use of that stimulator and for unclear reasons, he reported he discontinued using the stimulator in the late 1990's. On examination, his spinal cord stimulator was in place over his right rib cage and appeared to have migrated somewhat cephalad as compared to its incision in the lower aspect of his ribs. He ambulated with a normal gait at that time. As he did get relief from his spinal cord stimulator after it had been revised, it was

noted that his best option would be to have a new stimulator placed to give him some relief. The stimulator was to be interrogated and then he would return for further evaluation. On 07/30/14, this patient returned to clinic, and his spinal cord stimulator signal was placed somewhat previously and it was noted it worked well and was in place but it had not worked in some time. It was noted it was in a painful location over his ribs. On examination, his stimulator appeared to be displaced cephalad. The plan at that time was to replace the stimulator with a rechargeable stimulator. He was also to be sent for a pre-op psychological evaluation.

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

The submitted records indicate this patient has a previous spinal cord stimulator which apparently he discontinued using in the remote past. The CT myelogram reveals him to be status post discectomy and an anterior fusion with a laminectomy at L5-S1 with fibrosis surrounding both of the S1 nerve root sheaths in the lateral recesses, as well as having a disc protrusion at L4-5 effacing the thecal sac and moderately narrowing the foramina and lateral recesses contacting the L4 and L5 nerve roots bilaterally as well. This may indeed be a pain generator for this individual. On exam, he ambulates with a normal gait, has a negative straight leg raise bilaterally, and has 5/5 strength throughout. His pain on his last clinical exam was not objectively documented. His medication list includes Somatropin. There is no indication of failure of lesser measures as evidenced by his lack of significant pain with a pain score not verified and a lack of documentation of significant medication management for this individual. In a study by Atkinson, et al, the authors indicate that studies have shown that spinal cord stimulation can reduce chronic pain by at least 50% over prolonged periods, improve function and quality of life, reduce requirements for healthcare resources, and enable return to work in appropriately selected patients. However, the authors indicate that this device does not provide pain relief in all patients and is an expensive, labor intensive, and invasive procedure with complications and ongoing management, and requires specialists with specific skills and judgment. The submitted records indicate that a psychological evaluation was recommended by the treating provider prior to this surgical procedure but the psychological evaluation was not provided for this review. Therefore, the recommendation would be that this procedure be non-certified until a psychological evaluation be performed and documentation of the pain for this patient has been produced, and failure of lesser measures should be documented as well. Therefore, the recommendation is for non-certification of the request.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES