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Notice of Independent Review Decision

April 8, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar spinal cord stimulator trial

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

Pain Management Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who felt a sharp pain in his low back.

On September 2, 2011, magnetic resonance imaging (MRI) of the lumbar spine was performed. The clinical history was for lumbosacral neuritis. The findings were normal for the levels T12-L1, L1-L2 and L2-L3. However, the remaining levels were not present in the report. The report was incomplete.

On September 9, 2013, evaluated the patient for low back pain. The pain level was 8/10. The pain was described as aching, sharp, shooting, stabbing, throbbing and tightness. Review of systems (ROS) showed limitation of activity, limitation of movements, pain with pause and stiffness and tenderness. The patient's BMI was 38.58. Examination of the lumbar spine showed positive

straight leg raise (SLR) bilaterally at 30 degrees. diagnosed lumbar disc herniation and prescribed cyclobenzaprine and Norco. This report was co-signed.

On October 10, 2013, the patient reported low back pain at the level of 9/10. Surgical history revealed the patient had undergone lumbar spine surgery. Medical history was positive for depression. diagnosed lumbar sprain, prescribed cyclobenzaprine and Norco and referred the patient to TLG for a psychological evaluation. felt that the patient was a good candidate for a spinal cord stimulator (SCS) trial. He noted that the patient had undergone surgery and had failed to obtain significant relief of his symptoms.

On November 6, 2013, evaluated the patient to determine the patient's current psychological status and to evaluate his candidacy for surgical intervention. The patient scored 13 on Beck Depression Inventory II (BDI-II) which was within the low range of assessment. He scored 10 on Beck Anxiety Inventory (BAI) which was within mild range of assessment. The scores reflected mild experience of various symptoms of depression and anxiety. The patient would benefit from a SCS trial due to consistently high levels of pain.

On December 5, 2013, evaluated the patient for low back pain (7/10 pain level). The patient would like to proceed with SCS trial. Examination of the lumbar spine showed positive SLR bilaterally at 30 degrees, decreased range of motion (ROM), diminished strength and tone due to pain, muscle spasms at the bilateral paravertebral regions, stiffness and tenderness at bilateral vertebral from L4 to L5 levels. diagnosed lumbar sprain and prescribed cyclobenzaprine and Norco. The patient had failed to respond to the conservative treatment in the form of physical therapy (PT), rehabilitation, medication and injection therapy. The patient had undergone surgery and had also failed to obtain significant relief of his symptoms. The patient was a good candidate for SCS.

On January 9, 2014, evaluated the patient for low back pain (7/10 pain level). The pain was aching, sharp, shooting, stabbing, throbbing, tightness and constant in nature. The associated sign and symptoms included fatigue, stiffness and weakness. Examination showed SLR positive bilaterally at 30 degrees, decreased lumbar spine ROM, diminished strength and tone due to pain. The patient had muscle spasm at bilateral paravertebral area and stiffness and tenderness at bilateral paravertebral area from L4 through L5 levels. prescribed cyclobenzaprine and Norco. He noted that the patient had been cleared by psychological clearance for SCS trial.

Per utilization review dated January 15, 2014, the request for lumbar SCS trial as an outpatient between January 9, 2014, and February 23, 2014, was denied based on the following rationale: *"The Official Disability Guidelines Low Back Chapter states spinal cord stimulators are for symptoms that are primarily lower extremity radicular pain. There is no documentation that the patient has primarily lower extremity radicular pain. Based on the notes provided for review, the pain is mostly in the lumbar spine. There is no documentation that the patient is not a candidate for lower levels of care such as injection therapy or pain management.*

Based on the medical records available for review and the peer-reviewed guidelines, the request for a lumbar spinal cord stimulator trial, as an outpatient, is not medically necessary.”

Per reconsideration review dated February 5, 2014, the appeal for lumbar SCS trial as an outpatient between January 29, 2014, and March 15, 2014, was denied based on the following rationale: *“This is a non-certification of an appeal of a lumbar spinal cord stimulator trial. The previous non-certification on January 13, 2014, was due to lack of documentation of primary lower extremity radicular pain and a lack of documentation of the patient not being a candidate for lower levels of care. The previous non-certification is supported. Additional records included a January 9, 2014, clinical note. The guidelines indicate spinal cord stimulators would be supported for lower extremity radicular pain and has limited response to non-interventional care such as neuroleptic agents, analgesics, injections and physical therapy. The records reflect the patient’s primary pain is in the lower back. There was no indication the pain is primarily lower extremity and radicular. The records reflect bilateral straight leg raise testing at 30 degrees but no documentation of reported functional loss in a dermatomal or myotomal pattern in the lower extremities. The records reflect the patient has failed conservative care with physical therapy and previous injection, however, the outcomes of these treatments is not documented. The request for an appeal of a lumbar spinal cord stimulator trial is not certified.”*

On February 24, 2014, evaluated the patient for low back pain. The pain level was 7/10. Examination of the lumbar spine showed positive SLR bilaterally at 30 degrees, decreased ROM, diminished strength and tone due to pain, muscle spasms at bilateral paravertebral, stiffness and tenderness at the bilateral paravertebral from L4 through L5 levels. diagnosed lumbar sprain and prescribed cyclobenzaprine and Norco. recommended undergoing urine drug screen for compliance issues. This report was co-signed.

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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The patient does not meet the criteria outlined below according to the ODG:

Indications for stimulator implantation

- Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when **all** of the following are present:
 1. Symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.);
 2. Psychological clearance indicates realistic expectations and clearance for the procedure;
 3. There is no current evidence of substance abuse issues;
 4. There are no contraindications to a trial

5. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial.

The records indicate that the patient's pain is predominately low back pain. Thus, failing to meet number one of the ODG criteria as outlined above.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES