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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 3/28/14

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Spinal Cord Stimulator Trial, Surgical Assistant, CPT: 63655 95971 95972 95973

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

Physician Board Certified in Pain Management & Anesthesiology.

REVIEW OUTCOME

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

Upheld (Agree)

Overtaken (Disagree) X

Partially Overtaken (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The patient has a history of physical therapy and epidural steroid injections. He underwent surgery in 2011. MRI's show no impingement. A psychological evaluation was obtained 5/24/13. A percutaneous trial of spinal cord stimulation was carried out on 7/09/13. Unfortunately, the electrode was unable to go past the T-10/11 level. The procedure was aborted. A CT scan demonstrated stenosis at T10-11. The request is for an open laminotomy trial of spinal cord stimulation as the percutaneous trial could not be accomplished.

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

Opinion

I disagree with the benefit company's decision to deny the requested service.

Rationale

The previous reviewer denied the request based on inadequate information regarding previous treatment. The information I have reviewed clearly states that physical therapy and injection therapy were performed previously. Indications for a stimulator implantation, per ODG, are back surgery, limited response to non-interventional care, (opiates and adjunctive medications prescribed). Psychological clearance which is present, supports the trial. These criteria are met. Permanent placement precluded due to stenosis at T-10/11. ODG do not prohibit an open laminotomy trial. Standard of care dictates that a percutaneous trial is performed, which did occur in this case, but since the lead could not be advanced to the T-10/11 level, it is reasonable to perform an open laminotomy trial above the stenosis.

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

THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)