

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trial spinal cord stimulator explant

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

Anesthesiology 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 09/23/13, 11/05/13
Complete rationale for preauthorization dated 11/05/13
Follow up note dated 11/15/13, 09/13/13, 03/28/13
Letter of medical necessity dated 03/28/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. Note dated 03/28/13 indicates that the patient is in for six month follow up. Her last visit was on 08/23/12. The patient states she has been doing pretty good since her last visit. Patient continues with right knee pain down to her ankle. The patient is noted to be status post right ankle arthroscopy in 2000 and placement spinal cord stimulator in 2001 and 2002. Follow up note dated 09/13/13 indicates that the patient wants to be set up for spinal cord stimulator removal. She reports that she has not really used the stimulator for several years and it is very tender over the right hip. Initial request for trial spinal cord stimulator explant was non-certified on 09/23/13. The denial was upheld on appeal dated 11/05/13 noting that spinal cord explantation is recommended in patients with non-functioning stimulators and/or batteries, patients with pain related to placement of spinal cord stimulator hardware and patients with lead migration. There was no documentation that the spinal cord stimulator was nonfunctional or that the battery was nonfunctional. There was no documentation of lead migration with x-ray examination to demonstrate evidence of lead migration. Additionally, there was no documentation of tenderness or pain upon physical examination related to the patient's spinal cord stimulator placement.

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

The patient underwent spinal cord stimulator implantation in 2002 and presented in 2013 noting that she does not really use the stimulator and would like to have the unit removed. However, there is no indication in the submitted records that the unit is nonfunctioning. There are no recent radiographic reports provided to document lead migration. As such, it is the opinion of the reviewer that the request for trial spinal cord stimulator explant is not recommended as medically necessary.

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