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Notice of Independent Review Decision

**Date notice sent to all parties:** 06/19/14

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Revision of laminectomy for lead removal

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

Board Certified in Orthopedic Surgery  
Fellowship Trained in Spinal 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 of the health care services in dispute.

Revision of laminectomy for lead removal - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

A CT scan of the lumbar spine dated xxx revealed extensive postoperative changes at L4-L5 and L5-S1. There was no canal stenosis, but possible scarring or residual disc fragments were noted. A native annular disc protrusion at L3-L4 with flattening of the thecal recess without canal stenosis was also noted. It extended along the inferior edge of each neural foramina. A lumbar MRI dated 05/22/03 revealed normal levels at L1-L2 and L2-L3. At L3-L4, there was disc desiccation and a mild annular protrusion. There were prior anterior lumbar interbody fusions and posterolateral fusions at L4-L5 and L5-S1. Previous hardware had been removed and there was a large amount of enhancing epidural fibrosis at L4-L5 greater on the left than the right. The L5-S1 showed left sided enhancing fibrosis involving the left S1 root. There was either a tiny residual posterior protrusion or osteophyte at L5-S1 with no encroachment. An MRI dated 02/02/04 revealed a prior fusion at L4, L5, and S1 with laminectomies at L5 and S1. There was an epidural scar at the left side of the canal at L4 and L5. There was no evidence to suggest residual or recurrent disc protrusion. Lumbar x-rays dated 06/22/06 revealed surgical changes at L3-L4, L4-L5, and L5-S1. There was a spinal cord stimulator with a lead noted and it appeared to be intact. Another lumbar MRI dated 11/21/06 revealed an extensive anterior fusion at L3-S1 and a bilateral fusion that extended from L3-L5 that appeared solid. There was no impingement of the lumbar or sacral roots or the lumbar or sacral thecal sacs. A lumbar myelogram CT scan was performed on 03/12/09. There was some very mild neural foraminal narrowing bilaterally at the L4-L5 level from a small osteophyte, but it was actually slightly more pronounced on the right, not the left. There was no central or lateral recess stenosis and the fusions appeared solid. Another lumbar MRI dated 05/24/10 revealed fusion from L3-S1 with incomplete changes at L3-L4 and L5-S1 posteriorly at each level and a herniated nucleus pulposus at L2-L3 causing central and right neural foraminal stenosis. examined the patient on 01/21/13. He had back pain radiated down the left leg to the foot. He had decreased lumbar range of motion and decreased strength of the left lower extremity. Hydrocodone, Lyrica, and Lunesta were refilled. performed a lumbar ESI on 04/29/13. On 07/22/13, noted the patient had pain at the prior spinal cord stimulator (SCS) site. His pain radiated down both legs. It was noted his previous urine drug screen was appropriate and Lyrica, Lunesta, and Hydrocodone were refilled. A pain program with a pain pump was recommended. The patient underwent an FCE on 07/23/13. He was functioning in the below sedentary PDL and his previous employment required the heavy PDL. It was felt his effort was valid and a pain management program was recommended. On 08/26/13, examined the patient. He had decreased lumbar range of motion and an L5 sensory loss on the left and straight leg raising was positive on the left. The patellar and Achilles' reflexes were diminished. It was felt he was a candidate for a pain program. performed a psychological evaluation on 09/17/13. Outpatient psychotherapy, a review of his psychotropic medications, and a structured pain program were recommended. On 10/21/13, it was noted the patient was not

interested in attending a pain program and it was noted he had his SCS in place and it had not been effective. He wanted a referral for a pain pump. Examination was unchanged. The patient returned on 03/24/14. It was noted he had been referred for a Morphine pump, but the carrier stated it was too expensive and would not be covered. Examination was unchanged. Hydrocodone, Lyrica, and Lunesta were refilled and he was referred for pain management interventions. examined the patient on 04/02/14. It was noted he had a SCS implant and removal in 2007 due to irritability. It was initially very helpful, but became irritating. The MRI dated 05/24/10 and CT scan dated 03/12/09 were reviewed. Sensation was altered in both legs and feet equally with pain to palpation of any area in the leg and foot. Range of motion was severely limited and there was paralumbar tenderness. Muscle strength and tone of the lumbar paraspinals was normal and straight leg raising was positive bilaterally. The reflexes in the patella and Achilles' were 2+ bilaterally. noted the patient was ambivalent about whether he would entertain additional stimulation, however, the lead portion remained in place at the exact level needed. noted they could remove the lead, but did not think a new one could be placed because it was larger and the current lead was in an area of dense scarring. The patient requested that remove the remaining lead. On 04/28/14, provided a precertification request for revision of laminectomy for lead removal. On 05/01/14, provided an adverse determination for the requested revision of laminectomy for lead removal. On 05/02/14, provided another precertification request for the revision laminectomy with lead removal. provided another adverse determination on 05/09/14 for the requested revision laminectomy with lead removal.

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

The patient has subjective pain complaints. These have been present for some time based on the documentation reviewed. The patient has desired to have the lead removed, although there is no evidence that the patient has any objective findings related to the lead. To remove it would invite complications such as durotomy, infection, and nerve trauma. There is no medical rationale to do so. The criteria of the ODG does not apply, because there is no consideration for or documentation related to removal of the non-functioning lead. The ODG does have cite criteria for SCS revision, but that includes suspected dysfunction, x-ray evidence of lead migration, or failed settings, but none of these criteria have been met. Had the lead needed to be removed, it would have been removed at the time of the initial removal of the SCS. At this time, it has been in place for seven years. It has not been objectively determined that this lead is actually causing the patient pain. X-rays and diagnostic studies did not demonstrate any migration of

the lead. Furthermore, due to the scarring the in the area of the lead, this could lead to unnecessary risks if it were to be removed. It also does not appear the claimant is interested in a pain program, further stimulation and additional surgery, including replacement of the SCS lead is not planned. In the absence of migration, infection, or nerve root injury from the lead, removal is neither reasonable nor necessary. Therefore, the requested revision of the laminectomy for lead removal is neither necessary nor appropriate and the previous adverse determinations should be upheld at this time.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE 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, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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 A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)