MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 2/18/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of a trial of a spinal cord stimulator.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in physical 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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of a trial of a spinal cord stimulator.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from

Lumbar MRI dated January 28, 2011
Notes dated February 8, 2011, May 20, 2013, June 18, 2013, August 20, 2013, December 27, 2013, and January 24, 2014

Operative Note from epidural steroid injection June 18, 2013
Note dated December 20, 2013
Notes dated July 25, 2013
Appeal Outcome Letter dated January 3, 2014
Outcome Appeal Letter dated January 3, 2014

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker was injured in a lifting and twisting type accident at work on xx/xx/xx. He has a long history of back problems which have included surgical treatment including a laser diskectomy in 1993, a laminectomy in 1994, and a 360° lumbar fusion in 1998.

Following his injury of xx/xxxx, the injured worker has been treated. The injured worker has been treated with physical therapy and multiple medications including Tramadol, Flexeril, Lyrica, and nonsteroidal anti-inflammatory drugs. Epidural steroid injections performed in June, 2013 showed no evidence of lasting relief.

He has continued to demonstrate back and right lower extremity pain which is reportedly worse in the lower extremity than the back. His ankle reflexes are said to be depressed bilaterally and his last physical examination done on January 24, 2014 showed weakness and sensory loss in the L5-S1 distribution on the right.

The injured worker has been seen and treated by a psychologist and in the last note from the psychologist dated December 20, 2013, the psychologist stated that the injured worker had developed good coping skills and his Beck Depression and Anxiety Inventories were within normal limits. She opined that the injured worker was ready for a spinal cord stimulator.

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

This medical record indicates that this injured worker meets criteria for medical necessity of a trial of a spinal cord stimulator.

V. Rationale or Basis for Decision:

This worker has a long history of back problems dating back to the 1990s when he had three surgical procedures on his back. He had a documented back injury on xx/xx/xx with pain in the back and right lower extremity. He had extensive treatment for his pain including multiple medications, physical therapy exercises, epidural steroid injections, and psychological counseling. He continues to have chronic pain measuring 6 to 8/10 on a 0 to 10 analog scale.

Previous requests for consideration of a spinal cord stimulator have been denied with the reviewers stating that the records were incomplete and that no psychological evaluation or treatment was described.

This injured worker meets criteria for a trial of a spinal cord stimulator as set forth in the ODG Treatment Guidelines. He has a documented injury with chronic pain in the back and the leg, unresponsive to conservative treatment. He has had three back operations and is not considered a candidate for surgery. Symptoms are worse in the leg than the back according to available documentation. There has been limited response to non-interventional care as described above.

Psychological clearance has been obtained and the psychologist recommends a trial of a spinal cord stimulator. There is no evidence of substance abuse and no description of contraindications to this trial is set forth in the available medical records. Therefore, the requirements for medical necessity of a trial of a spinal cord stimulator are met.

VI. Reference:

ODG Treatment Guidelines

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)