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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/23/2015

Review Outcome:
A description of the qualifications for each physician or other health care provider who reviewed the decision:
Orthopedic Surgery

Description of the service or services in dispute:
Thoracic Laminetomy for SCS Leads

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)

Patient Clinical History (Summary)

The patient is a female who was originally injured on xx/xx/xx. The patient has been followed for a long history of chronic low back pain stemming from failed back surgery syndrome. The patient is noted to have had multiple issues with her spinal cord stimulator to include recent fracturing or damage of the spinal cord stimulator leads which required an attempted repositioning of the leads that failed on 08/20/14. During this procedure, the leads needed to be explanted along with the generator. Per the records, the patient did have a substantial amount of benefit from the previous use of a spinal cord stimulator in regards to overall function as well as limiting narcotic medication use. The patient did have a psychological evaluation completed on 02/06/15 which noted that the spinal cord stimulator the patient previously had was effective for a long period of time. The patient was felt to have no contraindications for the continued use of a spinal cord stimulator. The 05/22/15 clinical report from also noted the patient was functioning well when the spinal cord stimulator was active. Since the removal of the spinal cord stimulator, the patient has had increasing low back and leg pain which has reduced her overall quality of life as well as her functional ability. The patient continued to utilize Norco 10/325mg up to 4 times a day along with Lexapro and Flexeril. The patient's physical examination did note tenderness along the lumbar spine with postoperative scars noted. No swelling in the legs was present. The patient was recommended for a new placement of a spinal cord stimulator at this evaluation.

The thoracic laminectomy for spinal cord stimulator leads was previously denied as there was no documentation regarding any non-interventional or conservative treatments since the removal of the spinal cord stimulator that occurred in August of 2014. The patient was managing her pain with Hydrocodone and Neurontin and there were no significant objective findings indicative of functional deficits to support the requested spinal cord stimulator replacement. As the spinal cord stimulator was not felt to be medically necessary, the thoracic laminectomy for spinal cord stimulator leads was also non-certified.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been followed for failed back surgery syndrome stemming from 2 prior lumbar spinal fusions. Per the patient's letter on 06/18/15, the patient had a substantial amount of improvement with the spinal cord stimulator until it failed requiring its removal in August of 2014. The patient indicated that she was functionally active while the spinal cord stimulator was working; however, after the spinal cord stimulator became inactive, she was unable to perform most activities of daily living. The patient was requesting that the spinal cord stimulator be replaced. The request is for a thoracic laminectomy for spinal cord stimulator lead placement. Thoracic laminectomy is standard when placing spinal cord stimulator leads. This request is not addressing the medical necessity of the spinal cord stimulator placement. The clinical documentation clearly indicates that the patient had a substantial amount of benefit from the previous use of a spinal cord stimulator until it became non-functional in August of 2014 and was removed. The patient has no psychological contraindications for spinal cord stimulation at this point in time and has a condition would support the use of a spinal cord stimulator. Pending placement of a new spinal cord stimulator device, this reviewer would find a thoracic laminectomy to place the spinal cord stimulator leads is medical necessity. Therefore, this reviewer would overturn the prior denials.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)