

Icon Medical Solutions, Inc.

11815 CR 452
Lindale, TX 75771
P 903.749.4272
F 888.663.6614

DATE: February 7, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Spinal Cord Stimulator Trial 63650 95972 L8680x32

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

The reviewer is certified by the American Board of Orthopedic Surgery with over 13 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who injured her low back when she sustained a ground-level fall while working on XX/XX/XX.

XX/XX/XX through XX/XX/XX: The claimant underwent physical therapy.

XX/XX/XX: The claimant was evaluated for low back pain rated 7/10 with constant pain, discomfort with side-to-side movements, soreness, and stiffness. On exam, she had lumbar tenderness as well as bilateral facet pain with decreased range of motion in extension. She had a positive Kemp sign. SLRs elicited back pain. Motor strength was mildly weak in BLE. Sensation was intact. Reflexes were 2+ and symmetric. The plan was to proceed with RFA to the lumbar spine, and she was to continue with oral anti-inflammatories as prescribed.

XX/XX/XX: LRFA Operative Report. POSTOPERATIVE DIAGNOSIS: Lumbar facet strain/syndrome. PROCEDURES: Lumbar medial branch RFA L5 facet nerve left. Lumbar medial branch RFA S1 facet nerve left.

XX/XX/XX: The claimant was evaluated. It was noted that since the last office visit, she obtained a diagnostic study of her lumbar spine on XX/XX/XX that revealed a broad-based disc protrusion/herniation of 3 mm with a central annular tear producing central canal stenosis and stenosis of the bilateral recesses. She reported decreased low back pain following RFA done in March. Her main complaint was left lower extremity numbness, tingling, and weakness. She rated back pain as 8/10 and complained of difficulty walking for long periods of time due to pain in her left lower extremity. On exam, she had severe tenderness upon palpation with limited range of motion. SLR was positive on the left and negative on the right. She had weakness in knee flexors and knee extensors on the left compared to the right. She had paresthesias along the outside part of her left lower extremity into her heel. Reflexes were 2+ at

patella and Achilles. Her gait was slow. She had difficulty heel-toe walking, walking on toes, and walking on heels due to pain in her low back. Review of her MRI revealed a disc protrusion/herniation at L4-L5. IMPRESSION: Lumbar facet pain status post RFA, doing well. Lumbar radiculitis with disc derangement, L4-L5. PLAN: At this point, the patient continues to remain symptomatic. She has been through physical therapy, oral anti-inflammatories, and lumbar ESIs. She has a back-to-leg ratio of 30% back pain and 70% left leg pain. At this point, I would like to try a selective nerve root block at her left L5 nerve root.

XX/XX/XX: SNR Operative Report. POSTOPERATIVE DIAGNOSIS: Lumbar protrusion, L5-S1. PROCEDURES: Lumbar selective nerve block, L5 left. Fluoroscopic localization of needle, lumbar.

XX/XX/XX: The claimant followed up and reported that her pain went from 8/10 to 0/10 directly after the injection. She noted complete relief in her lower extremities for the next few weeks. She currently complained of 7/10 low back pain. She complained of left lower extremity numbness, tingling, and weakness. The plan was for lumbar laminectomy and discectomy at L4-L5.

XX/XX/XX: The claimant underwent lumbar laminectomy with microdiscectomy at left L4-L5.

XX/XX/XX: The claimant presented for her first postoperative visit. She reported losing consciousness on XX/XX and woke up having had bitten her tongue resulting in multiple bite wounds, which sounded like a seizure to XX. She reported 7/10 back pain which was the same as prior to surgery. She complained of a left foot drop when walking; however, she was able to demonstrate full active dorsiflexion when seated. On exam, strength was 4+/5 at left EHL compared to 5/5 at right EHL and 4+/5 left ankle dorsiflexion compared to 5/5 right ankle dorsiflexion. She had breakaway weakness in the left lower extremity. SLR negative on the right. SLR on the left caused some thigh pain but nothing radiating to the foot. Sensation was diminished in a left L5 distribution. She had slow and controlled gait. She was prescribed a Medrol Dosepak and advised to continue with physical therapy.

XX/XX/XX: CT Myelogram Lumbar Spine report. COMMENTS: The lumbar lordosis is exaggerated. Vertebrae show maintained height and alignment. The height of intervertebral discs are maintained. At L1-L2 to L3-L4, there is no significant disc bulge or herniation. Spinal canal and bilateral neural foramina are patent. At L4-L5, there is posterior protrusion, subligamentous disc herniation measuring approximately 2 mm causing indenting the dural sac. Bilateral neural foramina are patent. At L5-S1, there is no significant disc bulge or herniation. Spinal canal and bilateral neural foramina are patent. IMPRESSION: At L4-L5, there is posterior protrusion subligamentous disc herniation measuring approximately 2 mm causing indenting the dural sac.

XX/XX/XX: The claimant was evaluated for continued persistent back pain and left lower extremity numbness, tingling, and weakness. She completed physical therapy program without relief. On exam, she had a well-healed incision. There was tenderness on the left lower lumbar region with limited range of motion with flexion and extension and pain with right and left lateral bending. SLR elicited leg pain and back pain. She continued to have decreased sensation along her left L5 distribution with mild weakness noted in knee flexors, knee extensors, and EHL on the left when compared to the right. Patellar and Achilles reflexes were 1+ and symmetric. Due to persistent back pain and lumbar radiculopathy on physical examination, the plan was to proceed with spinal cord stimulator trial.

XX/XX/XX: The claimant was evaluated for pre-surgical assessment. BDI-II score 25, moderate depression. BAI score 28, moderate anxiety. CONCLUSION: Based on the criteria set forth by the ACOEM, ODG, and TWCC guidelines, XX is a candidate for the procedure requested to insure her for the medical benefits that she is entitled and as a concurrent evaluation to assess her compliance and therapeutic response to treatment. It is in good faith that this request is being submitted for consideration of certification of these services.

XX/XX/XX: The claimant returned. She presented with low back pain rated 9/10. She continued to complain of lower extremity numbness, tingling, and weakness. She had 50% back pain and 50% leg pain. On exam, SLR elicited leg pain and back pain, left greater than right. Lower extremity motor strength remained weakened in knee flexors and knee extensors on the left compared to the right. She had paresthesias along her left L5 distribution. A spinal cord stimulator trial was recommended.

XX/XX/XX: Work Capacity Evaluation demonstrated that the claimant's occupational demand required a heavy PDL. She was currently performing at a medium PDL, which indicated a moderate functional deficit.

XX/XX/XX: A letter indicated that a request for 80 hours of chronic pain management program was denied.

XX/XX/XX: The claimant was re-evaluated for pre-surgical assessment. It was noted that she participated in a clinical interview, mental status examination, and pertinent medical records were reviewed. BDI-II score 25, moderate depression. BAI score 28, moderate anxiety. IMPRESSION: Pain disorder associated with both psychological factors and a general medical condition, major depression moderate (injury related). It was concluded that she was a candidate for the requested procedure.

XX/XX/XX: UR. RATIONALE: Documentation notes the claimant presented with low back pain. The pain was rated 9/10. The patient continued to experience lower extremity numbness, tingling, and weakness. Behavioral Evaluation notes the patient's injury related medical condition, rehabilitation needs with physical, psychological, psychosocial stressors (PSS), and adaptive functioning (GAF) demands had resulted in significantly increased demands for the patient to cope with, which appeared significantly beyond the individual coping capacities at this time. The patient described the psychological reactions to these stressors as primarily negative and maladaptive without sufficient adaptive responses. The patient appeared to show pre-occupation with stressors and to rely on distraction as opposed to cognitive problem solving efforts to more effectively adapt to the condition. The patient was diagnosed with pain disorder associated with both psychological factors and a general medical condition, major depression (moderate), and Global Assessment of Functioning (GAF) was 65 (severe symptoms). Based on the records provided, this claimant is not a candidate for the requested SCS trial.

XX/XX/XX: An addendum: Since the last visit, XX underwent a Psychological/Behavioral Evaluation. After the evaluation, it was the opinion that XX was a candidate for the spinal cord stimulator trial. I am in receipt of a preauthorization denial letter dated XX/XX/XX. The physician reviewer copied the Behavioral Evaluation report into his report. The rational for denial was the results of the results of the behavioral evaluation. XX is not a psychiatrist but rather a physiatrist. XX did not explain which portion of the ODG was used to deny the treatment. The patient meets the ODG requirements for Spinal Cord Stimulator Trial because she has psychological clearance for the procedure.

XX/XX/XX: UR. RATIONALE: The patient did not appear to have an independent psychiatric assessment to validate the clearance for the spinal cord stimulator trial. The patient's records do not validate that they have any objective radiculopathy or that they would likely have a favorable outcome with this intervention given the lack of improvement with all of the prior care.

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

The previous adverse decisions are upheld. The Official Disability Guidelines (ODG) supports spinal cord stimulators for the treatment failed back surgery, following completion all other treatments modalities. The patient should complete a psychological assessment prior to consideration of a spinal cord stimulator trial. This patient continues to have back and leg symptoms following a laminectomy and discectomy of L4-5 performed in XX/XXXX. The patient responded well to an epidural injection prior to surgery. She also had significant reduction in back pain following a pre-operative radiofrequency ablation. At the present time, she has 50% back pain and 50% leg pain. She has completed a psychological screening in preparation for a possible trial of a spinal cord stimulator. The spinal cord stimulator can be considered once all sources of pain are identified and treated. A recent CT myelogram demonstrated a small disc protrusion at L4-5. Based on the CT, it is unclear why the patient has not responded well to her lumbar decompression. An EMG-NC study is recommended to identify the source of the patient's radicular symptoms. A set of flexion-extension films can identify whether the patient has lumbar instability, specifically at L4-5. The patient has already received psychological clearance for this procedure. She has a Global Assessment of Functioning (GAF) score of 65, consistent with mild symptoms. However, she also has a moderate degree of major

depression. A psychiatric evaluation is recommended to determine whether she requires further treatment of her mental status prior to any additional spinal treatment modalities. Therefore, the request for Lumbar Spinal Cord Stimulator Trial 63650 95972 L8680x32 is not medically necessary at this point in time.

ODG:

<p>Spinal cord stimulators (SCS)</p>	<p>Indications for stimulator implantation:</p> <ul style="list-style-type: none"> • Complex Regional Pain Syndrome (CRPS) when all of the following are present: <ol style="list-style-type: none"> (1) There has been limited response to non-interventional care; (2) Psychological clearance indicates realistic expectations and clearance for the procedure; (3) There is no current evidence of substance abuse issues; (4) There are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. • For use in failed back surgery syndrome (FBSS), see the Low Back Chapter. • For average hospital LOS if criteria are met, see Hospital length of stay (LOS).
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IRO REVIEWER REPORT TEMPLATE -WC

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)