Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor=s Name and Address: Surgical Center of South Texas 4702 S. McColl Rd. Edinburg, TX 78539	MDR Tracking No.: M5-06-1350-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Ace Insurance Company of Texas, Box 15	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 package. Position Summary (Table of Disputed services) states, "Authorization was obtained for medical procedure."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response.

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
9-14-05	CPT codes 62361 and 95972	☐ Yes ☒ No	0

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did not prevail on the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

	Donna Auby, Medical Dispute Officer	5-23-06
Authorized Signature	Typed Name	Date of Findings and Decision

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

May 11, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M5-06-1350-01
CLIENT TRACKING NUMBER: M5-06-1350-01

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Records Received:

Records from the State:

- Notification of IRO assignment dated 4/25/06 6 pages
- Explanation of Benefits undated 1 page
- Table of disputed services dated 9/14/05 1 page

Records from the Requestor:

- History and physical dated 8/25/056 pages
- Pre op note dated 8/25/05 2 pages
- Post op note dated 9/14/05 1 page
- Operative report dated 9/14/05 1 page
- Anesthesia questionnaire dated 9/14/05 1 page
- Anesthesia record dated 9/14/05 1 page
- Pre op assessment dated 9/14/05 1 page
- OR nursing notes dated 9/14/05 2 pages
- PACU record dated 9/14/05 1 page
- Discharge summary dated 9/14/05 1 page
- Post Op Home Care instructions undated 1 page
- Parameter review dated 3/18/05 1 page
- Lab report dated 9/14/05 3 pages
- ECG dated 9/14/05 1 page
- Device tracking registration form dated 9/14/05 1 page

Records from the Respondent:

- Office notes dated 12/10/96 – 01/17/97 4 pages
- Office note undated 2 pages
- ROM evaluation dated 9/19/97 2 pages
- Exam dated 9/4/98 7 pages
- Report of medical evaluation dated 9/8/98 4 pages
- Operative report dated 11/10/98 2 pages
- Progress note dated 11/16/98 1 page
- Medical report dated 11/18/98 1 page
- Operative report dated 1/19/99 2 pages
- Exam note dated 1/19/99 1 page
- Letter from Dr. Asistores undated 1 page
- Report of Medical evaluation dated 3/1/99 2 pages
- Letter to the patient from the state dated 3/17/99 1 page
- Medical report undated 1 page
- Medical report dated 8/6/99 1 page
- Medical report dated 8/3/99 1 page

- Medical report dated 8/9/99 1 page
- Follow up note dated 9/14/99 3 pages
- Progress note dated 10/21/99 1 page
- Medical report dated 11/19/99 1 page
- Physical examination dated 11/19/99 4 pages
- Preauthorization request dated 11/19/99 2 pages
- Medical report dated 9/21/99 1 page
- Medical report dated 10/7/99 2 pages
- Medical report dated 10/11/99 1 page
- Medical report dated 10/26/99 1 page
- Medical report dated 9/20/99 1 page
- Medical report dated 10/28/99 1 page
- MRI results dated 11/16/99 1 page
- Medical report dated 12/21/99 1 page
- Medical report dated 11/23/99 1 page
- Operative report dated 1/6/00 4 pages
- Medical report dated 2/01/00 1 page
- Medical report dated 2/29/00 1 page
- Medical report dated 3/02/00 1 page

Operative report dated 4/4/00 3 pages

- Anesthesia record dated 6/20/00 1 page
- Operative report dated 6/20/00 3 pages
- Medical report dated 4/26/00 1 page
- Medical report dated 5/01/00 1 page
- Medical report dated 6/28/00 1 page
- Medical report dated 6/27/00 1 page
- Operative report dated 8/02/00 4 pages
- Follow up visit dated 8/10/00 1 page
- Operative report dated 8/02/00 4 pages
- Follow up visit dated 9/11/00 1 page
- Medical report dated 9/14/00 1 page
- Parameter review dated 9/27/00 1 page
- Follow up visit dated 10/30/00 1 page
- Medical report dated 11/9/00 1 page
- Follow up visit dated 12/7/00 1 page
- Parameter review dated 12/20/00 1 page
- Medical report dated 1/30/01 1 page
- Follow up visit dated 2/07/01 1 page
- Behavioral assessment dated 3/07/01 4 pages
- Medical report dated 4/26/01 1 page
- Follow up visit dated 5/02/01 1 page
- Follow up visit dated 8/06/01 1 page
- Parameter review dated 8/21/01 1 page
- Medical report dated 10/2/01 1 page
- Follow up visit dated 10/08/01 1 page
- Initial consult dated 12/26/01 1 page
- Follow up visit dated 12/26/01 1 page
- Medical report dated 1/22/02 1 page
- Follow up visit dated 1/30/02 2 pages
- Parameter review dated 2/13/02 2 pages
- Texas Work Comp Work Status report dated 5/01/02 1 page
- History and exam dated 5/07/02 7 pages
- Discogram findings dated 6/05/02 1 page
- Behavioral Assessment dated 6/11/02 7 pages
- UR dated 7/17/02 2 pages
- PT evaluation dated 7/22/02 6 pages
- Progress note dated 7/31/02 1 page
- Progress note dated 8/05/02 4 pages
- PT progress note dated 8/5/02 2 pages
- Progress note dated 8/12/02 4 pages
- PT progress note dated 8/12/02 2 pages
- Follow up visit dated 8/13/02 2 pages

- Progress note dated 8/13/02 1 page
- Progress note dated 9/4/02 1 page
- Progress note dated 9/13/02 4 pages
- Texas Work Comp Work Status Report dated 9/24/02 1 page
- Follow up visit note dated 10/21/02 1 page
- Follow up visit note dated 12/09/02 1 page
- Parameter review dated 11/25/02 1 page
- W/C follow up visit dated 1/23/03 4 pages
- Physician review dated 2/6/03 3 pages
- UR dated 2/11/03 4 pages
- UR dated 2/11/03 4 pages
- Office note dated 5/16/03 1 page
- Parameter review dated 5/13/03 2 pages
- Follow up visit dated 2/24/06 3 pages
- Email dated 3/6/06 1 page

Summary of Treatment/Case History:
Date of injury ___. The patient has history of low back pain and leg pain. The patient is status post L4-5 discectomy 1997. The patient is status post SCS x 6 years. Telemetry showed internal pulse generator is exhausted. The patient had tried multiple therapies including injections, medications, surgery and implant.

Questions for Review:
1. Electronic analysis of implanted neuromuscular system (#95972) and implantation or replacement of device for Intrathecal or epidural drug infusion; non-programmable pump (#62361).

Conclusion/Decision to NOT Certify:
1. Electronic analysis of implanted neuromuscular system (#95972) and implantation or replacement of devise for Intrathecal or epidural drug infusion: non-programmable pump (#62361).

The coding is incorrect. #62361 is Implantation or replacement of a device for intrathecal or epidural drug infusion; non-programmable pump, this was not documented. What was done was #63685 which is Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling. #95972 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour is correct and documented.

This is not a medical necessity; there is no documentation that supported that the original implant was helping. The patient continues to receive pain injections, which included epidural steroids and lumbar facet injections. The patient was also being considered for a pain program. The patient was still on narcotic and pain medications. There are multiple notes stating the unit had to be reprogramming, but no notes saying there was adequate coverage or pain relief. There is no reason why it had to be replaced, since there is no documentation showing effectiveness. There is also conflicting peer review support.

References Used in Support of Decision:
1. Spinal cord stimulation for patients with failed back surgery syndrome or complex regional pain syndrome: a systematic review of effectiveness and complications.

Pain 2004 Mar;108(1-2):137-47 (ISSN: 0304-3959)
Turner JA; Loeser JD; Deyo RA; Sanders SB
Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle, WA 98195, USA. jturner@u.washington.edu.
We conducted a systematic review of the literature on the effectiveness of spinal cord stimulation (SCS) in relieving pain and improving functioning for patients with failed back surgery syndrome and complex regional pain syndrome (CRPS). We also reviewed SCS complications. Literature searches yielded 583 articles, of which seven met the inclusion criteria for the review of SCS effectiveness, and 15 others met the criteria only for the review of SCS complications. Two authors independently extracted data from each article, and then resolved discrepancies by discussion. We identified only one randomized trial, which found that physical therapy (PT) plus SCS, compared with PT alone, had a statistically significant but clinically modest effect at 6 and 12 months in relieving pain among patients with CRPS. Similarly, six other studies of much lower methodological quality suggest mild to moderate improvement in pain with SCS. Pain relief with SCS appears to decrease over time. The one randomized trial suggested no benefits of SCS in improving patient functioning. Although life-threatening complications with SCS are rare, other adverse events are frequent. On average, 34% of patients who received a stimulator had an adverse occurrence. We conclude with suggestions for methodologically stronger studies to provide more definitive data regarding the effectiveness of SCS in relieving pain and improving functioning, short- and long-term, among patients with chronic pain syndromes.

2. Spinal cord stimulation for chronic pain.

Cochrane Database Syst Rev 2004;(3):CD003783 (ISSN: 1469-493X)
Mailis-Gagnon A; Furlan AD; Sandoval JA; Taylor R
Department of Medicine, Comprehensive Pain Program, 399 Bathurst Street, Fell Pavillion 4F811, Toronto, Ontario, Canada, M5T 2S8.
BACKGROUND: Spinal cord stimulation (SCS) is a form of therapy used to treat certain types of chronic pain. It involves an electrical generator that delivers pulses to a targeted spinal cord area. The leads can be implanted by laminectomy or percutaneously and the source of power is supplied by an implanted battery or by an external radio-frequency transmitter. The exact mechanism of action of SCS is poorly understood. OBJECTIVES: To assess the efficacy and effectiveness of spinal cord stimulation in relieving certain kinds of pain, as well as the complications and adverse effects of this procedure. SEARCH STRATEGY: We searched MEDLINE and EMBASE to September 2003; the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 3, 2003); textbooks and reference lists in retrieved articles. We also contacted experts in the field of pain and the main manufacturer of the stimulators. SELECTION CRITERIA: We included trials with a control group, either randomized controlled trials (RCTs) or non-randomized controlled clinical trials (CCTs), that assessed spinal cord stimulation for chronic pain. DATA COLLECTION AND ANALYSIS: Two independent reviewers selected the studies, assessed study quality and extracted the data. One of the assessors of methodological quality was blinded to authors, dates and journals. The data were analyzed using qualitative methods (best evidence synthesis). MAIN RESULTS: Two RCTs (81 patients in total) met our inclusion criteria. One was judged as being of high quality (score of 3 on Jadad scale) and the other of low quality (score of 1 on Jadad scale). One trial included patients with Complex Regional Pain Syndrome Type I (reflex sympathetic dystrophy) and the other patients with Failed Back Surgery Syndrome. The follow-up periods varied from 6 to 12 months. Both studies reported that SCS was effective, however, meta-analysis was not undertaken because of the small number of patients and the heterogeneity of the study population. REVIEWERS' CONCLUSIONS: Although there is limited evidence in favor of SCS for
Failed Back Surgery Syndrome and Complex Regional Pain Syndrome Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. In addition, there needs to be a debate about trial designs that will provide the best evidence for assessing this type of intervention.

3. Spinal cord stimulation in chronic pain: a review of the evidence.
Anaesth Intensive Care 2004 Feb;32(1):11-21 (ISSN: 0310-057X)
Carter ML
Department of Anaesthesia, Bundaberg Base Hospital, PO Box 34, Bundaberg, Qld 4670.
This review looks at the evidence for the effectiveness of spinal cord stimulation in various chronic pain states. Spinal cord stimulation can only be effective when appropriate dorsal column fibres in the spinal cord are preserved and able to be stimulated. Spinal cord stimulation has been shown to have little to offer for patients with some diagnoses. Although 50 to 60% of patients with failed back surgery syndrome obtain significant pain relief with this technique, the strength of the evidence available is insufficient to clearly advocate its use in all patients with this condition. Though limited in quantity and quality, better evidence exists for its use in neuropathic pain, complex regional pain syndrome, angina pectoris and critical limb ischaemia. There is a lack of high quality evidence relating to spinal cord stimulation due to difficulties in conducting randomized controlled trials in this area. Serious methodological problems are encountered in blinding, recruitment and assessment in nearly all published trials of spinal cord stimulation. Suggestions regarding appropriate methodologies for trials which would produce better quality evidence are summarized.

The physician providing this review is board certified in Anesthesiology and Pain Medicine. The reviewer has received additional certification from the American Academy of Pain Management. The reviewer has experience as a director of anesthesia, and pain management at hospital and sports clinic facilities. The reviewer has been in active practice since 1994.

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

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The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Raquel G ext 518