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Notice of Independent Review Decision

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:

Dorsal column stimulator with paddle lead placement

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 male whose date of injury is xx/xx/xx. On this date he fell down from a chair on his tailbone at work. The patient underwent 360 degree fusion at L5-S1 on 04/02/12. CT myelogram of the lumbar spine dated 11/22/13 revealed 6 mm anterior subluxation at L5-S1; bilateral posterior rod and pedicle screw fixation and interbody fusion graft at L5-S1 with anterior screws consistent with 360 fusion. The patient underwent lumbar fusion on 04/09/13 and right L3-4 and L4-5 selective nerve blocks on 01/29/14. Office visit note dated 03/19/14 indicates that the patient is 11 months out from an anteroposterior back fusion at L5-S1. Behavioral medicine evaluation dated 08/20/14 indicates that the patient is cleared for the spinal cord stimulator trial with a fair prognosis for pain reduction and functional improvement. Office visit note dated 12/08/14 indicates that the patient had a spinal cord stimulator trial since he was last seen and obtained 50% relief with his leg symptoms improving. He does not really report any significant low back pain relief. Office visit note dated 01/12/15 indicates that the patient presents for follow up regarding his back and leg pain. He rates his pain as 8/10 with 50% low back pain and 50% leg pain. Current medications are Lyrica and oxycodone. At this time he wants to go forward with a dorsal column stimulator rather than a CT discogram. On physical examination he walks with an antalgic gait and requires a cane to ambulate. There is tenderness to palpation throughout the lumbar spine. He has very limited range of motion with severe pain with flexion and extension. Straight leg raising is positive bilaterally. Sensory to light touch is decreased in the lateral thigh, shin and dorsum of the left foot. He has 4/5 weakness in bilateral tibialis anterior, EHL and ankle eversion.

Initial request for dorsal column stimulator with paddle lead placement was non-certified on 01/23/15 noting that the patient had 50% relief of his leg symptoms with a spinal cord stimulator trial. Guidelines support permanent placement with evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Although the patient had an adequate pain response to the spinal cord stimulator trial, objective documentation of associated decrease in medication use as well as functional improvement was not noted. The denial was upheld on appeal dated 02/17/15 noting that it was noted on the 10/30/14 consultation notes that there was 50% pain relief to the legs; however, pain relief was “unsure” or “15 percent” for the low back. Furthermore, there was no clear objective evidence of an associated decrease in medication use following the trial.

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

The patient underwent spinal cord stimulator trial and reported 50% relief of leg symptoms, but does not really report any significant low back pain relief. The Official Disability Guidelines note that permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. The submitted records indicate that there was no relief of low back pain. There is no documentation of medication reduction or functional improvement after the temporary trial to establish that ODG criteria for permanent placement of dorsal column stimulator have been met. As such, it is the opinion of the reviewer that the request for dorsal column stimulator with paddle lead placement is not recommended as medically necessary.

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)