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Notice of Independent Review Decision

IRO Reviewer Report

X, amended X.

IRO Case #: X

Description of the service to in dispute:

X
A description of the qualifications for each physician or other health care provider who reviewed the decision:

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

Upheld

Information Provided to IRO for Review:

X
Patient Clinical History [Summary]:

All of the listed records were reviewed.

The member is a X who sustained an injury on X. The member sustained a left ankle fracture at work.

The member was diagnosed with causalgia of the left lower extremity, lumbar radiculopathy, and injury of the lumbar spinal cord. The request is for 1 free peripheral nerve stimulator trial (X) for the left foot.

Computerized tomography of the left foot on X revealed a status post talonavicular arthrodesis with solid bony fusion. Status post-interval explanation of metallic hardware.

According to a progress note dated X, the member presented with left foot and ankle pain. The member had surgeries, had done months of physical therapy, and used a walking boot. The member was not working. The physical examination of the left ankle revealed a scar, discoloration, swelling, tenderness on the medial malleolus, limited inversion and eversion, limited range of motion secondary to pain, and 4/5 muscle strength. The diagnosis was causalgia of the left lower extremity. The plan included a spinal cord stimulator and follow-up as needed.

According to a psychological pre-surgical evaluation dated X, the member had been referred for a pre-operation psychological evaluation for a spinal column stimulator trial/implant. The member reported experiencing current symptoms of depression and anxiety multiple times a week. Additionally, the member endorsed elevated psychiatric symptoms of depression and anxiety on the self-report measure. Life stressors exacerbated the symptoms. Although the member denied having a psychiatric care plan, the member noted having sufficient family support and felt well-functioning at the time without a psychiatric care plan. Per the revised Oswestry disability index for pain and dysfunction, the member scored 35 out of 50 (70th percentile), which placed the member in the crippled range of disability based on the rating of pain and dysfunction. The member reported severe pain that impacted the member's

ability to sleep, lift, walk, stand, and participate in social activities. The member also noted that the pain was gradually getting worse. Per the Generalized Anxiety Disorder Assessment, the member scored a 12, which was indicative of moderate anxious symptoms. Per the member health questionnaire, the member scored 16, indicative of moderately severe depressive symptoms. The member did not complete the Beck Depression Inventory-2. The reported psychiatric symptoms were related to the high level of chronic pain. Thus, a reduction in pain may have helped alleviate the psychiatric symptomologies. Although the member did not have a psychiatric care plan, the member felt the psychiatric symptoms did not hinder the daily ability to function. Based on the evaluation, the member predicted prognostic category for the spinal cord stimulator implant procedure was good if the member was monitored for psychiatric symptoms and pain. However, the psychiatric status should minimally impact the spinal cord stimulator procedure. Thus, the member was cleared to undergo the spinal cord stimulator trial/implant procedure.

According to a visit dated X, the member presented with chronic left ankle pain after multiple surgeries. The physical examination revealed no abnormalities. The diagnosis was causalgia of the left lower extremity. The plan included X.

According to a progress note dated X, the member presented with lower extremity pain. The physical examination of the left ankle revealed a scar, discoloration, and swelling. There was tenderness on the medial malleolus, limited range of motion and eversion secondary to pain, and 4/5 muscle strength. The diagnoses were chronic pain syndrome and causalgia of the left lower extremity. The member underwent a lumbar spinal cord stimulator trial. The plan included following up as needed.

According to a visit dated X, the member was for a lead pull. During the procedure, small amounts of drainage from midline puncture wounds were present, with some swelling and tenderness to palpation. The swelling appeared to be residual hematoma due to tenderness over the site but no fluctuance. The diagnoses were causalgia of the left lower extremity and chronic pain syndrome. The plan included continuing the antibiotics course until completion and calling the clinic with any concerns.

According to a visit dated X, the member presented with chronic left foot and ankle pain rated 7/10 and constant pain in the mid to lower back rated 6/10. The lower back pain was worsened with twisting and bending and radiated into the bilateral hips. The member had four prior surgeries on the foot following a fracture injury in X. The member used a cane for community ambulation for support, given the pain. The physical examination revealed tenderness to palpation of the lumbar paraspinal bilaterally, positive flexion abduction external rotation (FABER), and limited active range of motion on the left ankle with plantar and dorsiflexion. Diminished sensation to distal lower extremity overlying dorsum and plantar surface of the foot and 1/5 strength of the left extensor hallucis longus (EHL) and dorsiflexion. The diagnoses were causalgia of the left lower extremity, lumbar radiculopathy, and injury of the lumbar spinal cord. The plan included X.

Analysis and Explanation of the Decision include basis, findings, and conclusions used to support the decision:

In this case, the member sustained an injury on X. The member had a left ankle fracture at work and had a fusion complicated by an infection, which required three more surgeries. The last surgery was on X, which removed all hardware. A computerized tomography of the left foot performed on X revealed status post talonavicular arthrodesis with solid bony fusion. The member had a status post-interval explanation of metallic hardware. On X, the member presented with left foot and ankle pain. The member had physical therapy and used a walking boot. The physical examination of the left ankle revealed a scar, discoloration, swelling, tenderness on the medial malleolus, limited inversion and eversion, limited range of motion secondary to pain, and 4/5 muscle strength. The member had been referred for a pre-operation psychological evaluation for X. The member reported experiencing current symptoms of depression and anxiety. Per the revised Oswestry disability index for pain and dysfunction, the member scored 35 out of 50 (70th percentile), which placed the member in the crippled range of disability based on the rating of pain and dysfunction. Per the generalized anxiety disorder assessment, the member scored a 12, which was indicative of moderate anxious symptoms. On the health questionnaire, the member scored 16, indicative of moderately severe depressive symptoms. The member denies symptoms of a somatic disorder or psychotic disorder. According to the recent office visit dated X, the member presented with chronic left foot and ankle pain. The member had constant

pain in the mid to lower back. The lower back pain was worsened with twisting and bending and radiated into the bilateral hips. The physical examination revealed tenderness to palpation of the lumbar paraspinal bilaterally, positive flexion abduction external rotation (FABER), and limited active range of motion on the left ankle with plantar and dorsiflexion. Diminished sensation to distal lower extremity overlying dorsum and plantar surface of the foot and 1/5 strength of the left extensor hallucis longus (EHL) and dorsiflexion. However, the provider has not provided strong scientific medical evidence (i.e., large prospective randomized controlled trials). The evidence to support this treatment is currently lacking. There is insufficient evidence to support the safety and effectiveness of X for any indication. The request for 1 free peripheral nerve stimulator trial (X) for the left foot is not medically necessary.

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

ODG by MCG
Last review/update date: Feb 12, 2021
Peripheral Nerve/Field Stimulation (PNS, PNFS) for Pain
Body system: Pain
Treatment type: Electrical / Stimulators, Physical Medicine

ODG by MCG
Last review/update date: Feb 12, 2021
Percutaneous Neuromodulation Therapy (PNT) for Pain
Treatment type: Electrical / Stimulators, Physical Medicine