

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>05/11/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-1084-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for replacement of spinal cord stimulator battery, with fluoroscopy, analysis, and re-programming of battery.

### DECISION: **Reversed**

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IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 05/11/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Replacement of spinal cord stimulator battery, with fluoroscopy, analysis, and re-programming of battery is medically necessary.

### CLINICAL HISTORY:

The injured individual is a 53 year old female with reflex sympathetic dystrophy (RSD) after a radial tunnel release. She has had a spinal cord stimulator (SCS) since 12/1995 but has required constant medications and intermittent blocks despite its use. The physician is requesting a battery replacement which has been denied multiple times as the reviewers had no information on the injured individual's usage of the unit and because she required other interventions while using the unit but they were unclear when and how often these interventions were. Per the notes, her last sympathetic ganglion blocks (SGBs) were in 10/2005. Prior to this they were last done in 09/2004. The physician has done these injections for flare-ups of her pain. The physician's note of 02/09/2006 states the unit was analyzed and indicated "a use of 98%". It also indicated a low battery. The SCS is not designed to remove all pain or prevent flare-ups; it is designed to

primarily to help with day to day pain. In this case, the injured individual appears to be using it well, has only annual injections for flare-ups, and now has a dying battery that needs to be replaced. This is done under fluoroscopy and the system is interrogated during this procedure to reset it.

**REFERENCE:**

Bonica JJ. Ed The Management of Pain. Third Edition. Copyright 2000.

**RATIONALE:**

The injured individual has had the spinal cord stimulator (SCS) for 11 years. Battery life is typically 5-7 years. She is noted to use the unit 98% of expected; she has had injections in the form of sympathetic ganglion blocks (SGBs) but these are done once a year and no other injections are noted. She gets sporadic flare-ups for which the injections are done. The SCS is designed to address baseline pain but it is not uncommon with reflex sympathetic dystrophy (RSD) for flare-ups to occur which may need acute intervention. The SCS does not cure the underlying problem and it is not intended to. It is intended to provide chronic pain relief, which it has been doing appropriately in this injured individual. The battery was noted to be dying in 04/2006 so it needs to be changed in order for the injured individual to continue using the unit. This requires fluoroscopy and reprogramming.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 04/12/06
- MR-117 dated 04/12/06
- MR-100 dated 03/23/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 04/26/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 04/12/06
- Ace Ina: Letter dated 04/20/06 from Rayetta Martin
- Carrasco Pain Institute: Follow Up Examination notes dated 04/13/06, 02/21/06, 02/09/06, 10/18/05, 08/25/05, 04/14/05, 01/13/05 from A.T. Carrasco, M.D.
- Tom Wilcox, R.N.: PA Referral Complete Notification dated 03/30/06
- Eva Jones, R.N.: PA Referral Complete Notification dated 03/30/06
- Intracorp: Letters dated 03/10/06, (??)/27/06 from Intracorp Medical Department
- Carrasco Pain Institute: Operative Reports dated 10/06/05, 09/29/05 from A. T. Carrasco, M.D.

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **Your Right To Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). 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. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this**

**11th day of May 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** **Beth Cucchi**\_\_\_\_\_