

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 1/2/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Intrathecal catheter trial, one session, as related to the right hand and forearm 62311
Fluoroscopy 77003
Anesthesia 01992
J codes injectables

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from New England College of Osteopathic Medicine and completed training in Anesthesiology at University of Medicine and Dentistry of New Jersey. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Anesthesiology and Pain Management since 1992 and currently resides in MA.

REVIEW OUTCOME:

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)

Intrathecal catheter trial, one session, as related to the right hand and forearm 62311
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J codes injectables Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note by, dated 12/15/2008
2. Review organization dated 12/15/2008
3. Independent review organization dated 12/11/2008
4. Notice of utilization review findings dated 10/8/2008 and 10/29/2008
5. Case assignment by, dated 12/15/2008
6. Clinical note by, dated 12/15/2008
7. Review organization by, dated 12/15/2008
8. Clinical note dated unknown,
9. Review organization dated 12/11/2008
10. Notice of utilization review findings dated 10/8/2008

Name: Patient_Name

11. Clinical note dated 10/8/2008
12. Preauthorization dated 10/2/2008
13. History and physical by, dated 9/24/2008
14. Notice of utilization review findings dated 10/29/2008
15. Clinical note dated 10/29/2008
16. Preauthorization dated 10/22/2008
17. Clinical note by, dated 10/21/2008
18. Notice of utilization review findings dated 10/8/2008
19. Preauthorization dated 10/22/2008
20. History and physical by, dated 9/24/2008
21. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is a xx year old male who was injured when his forearm got caught between 2 drill collars. The notes indicate that this injured employee has undergone physical therapy, and has a spinal cord stimulator in place. He continues to have intractable pain from the RSD in his right forearm and the provider has recommended an intrathecal pump.

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

The patient has a SCS in place but does not feel it is controlling his pain well enough. The attending physician notes indicate he is taking Lortab as his only narcotic with no history of any prior other narcotics being tried. An IT pump is an end line therapy when oral narcotics fail to provide adequate pain control and since the patient has only tried one that is not the case here. Also, there has been no updated psychiatric evaluation to verify he is a candidate for another implantable device. Therefore, the denial for the intrathecal catheter trial, and associated services, is upheld.

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)

ASIPP Guidelines 2/2008.

Bonica's Management of Pain third edition, 2001.

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