

DATE OF REVIEW: 07/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Trial intrathecal pump under anesthesia with fluro guidance

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The TMF physician reviewer is a board certified in anesthesia/pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the trial intrathecal pump under anesthesia with fluro guidance is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO
- Preauthorization notice of determination– 05/11/09, 06/03/09
- Follow-up consultation note– 05/27/09
- Report of MRI of the lumbar spine – 05/07/08, 08/21/03, 12/31/03
- Pain Management Follow-up Evaluation Dr.– 01/15/08
- Pain Management Initial Evaluation Dr. – 11/27/07
- Letter from Dr. – 08/10/07

- Psychological Evaluation– 08/14/08
- Operative report by Dr. – 01/06/08
- Letter of Reconsideration from Dr. – 05/26/09
- Letter of Medical Necessity – 05/01/09
- Brief Battery for Health Improvement Extended Report– 04/29/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx-xx-xx when she was pulling vaults from a change machine and injured her back. She has undergone two surgeries with the last being a lumbar laminectomy at L5-S1. She has also been treated with medications, physical therapy and a spinal cord stimulator that was ineffective. The treating physician is recommending that she undergo a trial of intrathecal pump.

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

The ODG guidelines stipulate that a psychiatric evaluation should be performed prior to intrathecal medication trial. This was performed prior to the spinal cord stimulator trial. She was found to be a candidate for additional invasive measures and no psychiatric issues were identified that would mitigate the outcome of the trial. Psychiatric factors are unlikely to change, so there is no indication for repeating the psychiatric evaluation prior to the intrathecal medication (for pump) trial.

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)