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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/05/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

On Q Pain Pump Purchase, E1399

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Denial letters, , 6/29/09, 7/10/09

Operative report, 09/23/05, 06/27/06

Letter, Dr. , 01/07/09, 01/12/09, 03/30/09, 05/04/09, 07/07/09, 2005, 2006, 2007, 2008

Office notes, Dr. , 06/22/09

X-ray lumbar spine, 06/27/06, 12/21/06

Lumbar myelogram/ CT, 2005, 04/14/06, 12/16/08

Discharge summary, 09/23/05, 06/27/06

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, Low Back (Does not address use of post-operative pain pump.)

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who reportedly is to undergo lumbar surgery. An On Q pain pump purchase has been requested for post-operative use.

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

On Q Pain Pumps are often used after anterior cruciate ligament reconstruction repair, shoulder decompressions, and total joint arthroplasty. Their use in lumbar patients is less common. The reviewer agrees with the determinations of the carrier in this case that the On Q Pain Pump would not be necessary in the performance of planned spine surgery. The reviewer finds that medical necessity does not exist for On Q Pain Pump Purchase, E1399.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, Low Back: does not address use of post-operative pain pump.

AAOS, Orthopedic Knowledge Update 9, Fischgrund, Chapter 21 page 267

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)

AAOS, Orthopedic Knowledge Update 9, Fischgrund, Chapter 21 page 267

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)