



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

REVISED REPORT
Corrected report format. Report mailed to injured worker.
Corrected CPT Code

REVIEWER'S REPORT

DATE OF REVIEW: 08/22/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Electrical analysis programmable pump (1 unit 62368), refill and maintain implant pump (1 unit 95990), non-inhalation drug for DME (1 unit J7799), fluoroscopic guidance (1 unit 77002).

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with over 23 years of active and current experience in the specialty of Pain Management

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
338.4	95990		Retro.	1	02/10/10	\$237.00			Upheld
338.4	62368		Retro.	1	02/10/10	\$285.00			Upheld
338.4	J7799	KD	Retro.	1	02/10/10	\$1,500.00			Upheld
338.4	77002		Retro.	1	02/10/10	\$383.00			Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Certificate of Independence of the Reviewer.
2. TDI case assignment.
3. EOB – denial 03/26/10 & 05/18/10 and IRO Summary 07/06/10.
4. 2009 Progress Notes 08/05/09 – 12/16/09
5. 2010 Progress Notes 02/10/10.
6. Records from 1997, 1998, 1999, 2001 & 2006 were available to the reviewer upon request.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured on xx/xx/xx when she fell off a ladder. The compensable body part was her lumbar spine. She previously underwent lumbar surgeries on 01/20/98, 08/20/98, 06/22/99, and 07/25/02, including instrumented fusion for the last procedure. She had placement of an intrathecal morphine pump with catheter on 07/20/06 and continues treating with Dr.

On 08/05/09 the nurse practitioner, followed up with the claimant for her continued complaint of bilateral back and left leg pain with a pain level of 10/10. The claimant was taking Lyrica 50 mg h.s., Ambien 10 mg h.s., Lortab 10 mg q. 6 h., Daypro, and Zanaflex 4 mg t.i.d. She also was taking lisinopril, Clonidine, Allegra, Nexium, Advair, gemfibrozil, and Lexapro for other unrelated conditions. No physical examination was documented at that visit. The claimant received a refill of her intrathecal pump with morphine and bupivacaine with a nonspecified increase in the infusion rate.

The claimant follows up with this nurse practitioner on 08/28/09, still complaining of the same bilateral lumbar and left lower extremity pain with a pain level of 10/10 and still taking all of the same medications. Again, no physical examination regarding the musculoskeletal system was documented, and the claimant received refills for all of the same medications.

On 10/14/09 this nurse practitioner again followed up with the claimant, now documenting the claimant's complaint of back and RIGHT leg pain with a pain level of 8/10 and the claimant's statement that her medications were "recently not helping as much." The claimant was still taking the same amount of Lortab, Lyrica, Daypro, and Zanaflex. The NP again failed to document any physical exam and refilled the pump with morphine and bupivacaine with no infusion rate change.

On 12/02/09 a physician assistant in the treating doctor's office followed up with the claimant for her complaint of bilateral back and LEFT leg pain with numbness, weakness, and swelling and a pain level of 10/10. No musculoskeletal exam was documented. She documented the claimant's continued use of all the same medications and scheduled the claimant for a pump refill the following week.

On 12/16/09 the NP followed up with the claimant, documenting the claimant's pain as being in the back and BOTH legs with numbness, weakness, and swelling. The claimant's pain level was said to be only 3/10, yet the claimant was continuing to take all of the same medications. Again, the NP failed to document any physical examination. In the vital signs, the claimant's pain level was listed as 8/10, although in the history it was said to be 3/10. The NP refilled the pump with morphine and bupivacaine and again increased the infusion rate to a non-specified dose.

On 02/10/10 the NP again followed up with the claimant, documenting pain in the low back and LEFT leg as being "very painful" with a pain level of 8/10 and associated numbness, weakness and swelling. Despite these characterizations and the history, the claimant was said to be "happy" with her pain relief. The claimant continued taking Lortab 10 mg q.6 h., Lyrica 50 mg h.s., Daypro, Zanaflex 4 mg t.i.d. and all of the other medications. Again, the NP failed to document any physical examination. She again refilled the pump with morphine and bupivacaine, making no change to the infusion rate, which was not specified.

On 03/26/10 a request was received from the treating doctor's office for an electronic analysis and programming refill, medication, a refill kit, and fluoroscopic guidance for refilling the claimant's intrathecal pump with charges listed as \$2485. That request was denied. On reconsideration, the request was again denied on 05/18/10 for all of the same procedure requests.

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

This claimant has now had an intrathecal pump implanted for over four years, yet there is no valid objective documentation of this claimant's having either significant pain relief, functional improvement, or decreased use of all medications over the last four years. The progress notes provided for this review clearly also demonstrate such lack of clinical benefit. ODG Treatment Guidelines do not support the continued administration of any opioid which does not provide significant pain relief and functional improvement. Similarly, guidelines issued by the Texas Medical Board also echo that opinion. Additionally, there is no medical reason, necessity, or indication for the continuation of any medication or medical treatment that does not provide the clinical benefit for which it is intended.

Therefore, according to the documentation provided for my review that cover the last twelve months of treatment of this claimant with intrathecal morphine and bupivacaine and increasing infusion rates and, therefore, doses of these medications, there is no medical reason or necessity for the continuation of refills of the intrathecal pump. There is no documentation during that twelve months of the claimant having either significant pain relief or functional improvement despite receiving refills and increasing doses of

intrathecal narcotics. There is also no documentation of the claimant's decreasing the use of any of her oral medications. Additionally, there is no medical reason or necessity for intrathecal pump refill to be done under fluoroscopy, as fluoroscopy is neither necessary to localize the pump or confirm needle placement within the pump. Fluoroscopic guidance is medically unreasonable, unnecessary, excessive and unjustified for the refill of intrathecal pumps.

In summary, the requests submitted for electrical analysis of a programmable pump, refill and maintenance of an implanted pump, non-inhalation drug for DME, fluoroscopic guidance and a refill kit are not medically reasonable or necessary, and the previous recommendations for non-authorization are, therefore, upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.
- X_Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- X_ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.