

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/7/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Simulation: 77290 (1), Planning CT 77014 (1), XRT Plan 77263 (1), IMRT Plan 77301 (1) 77300 (5) 77334 (1) Wkly Mgmt 77427 (6) 77336 (6) and 77418 IMRT delivery (28), 11/10/09-12/24/09

QUALIFICATIONS OF THE REVIEWER:

Internal Medicine, Nephrology

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)

Simulation: 77290 (1), Planning CT 77014 (1), XRT Plan 77263 (1), IMRT Plan 77301 (1) 77300 (5) 77334 (1) Wkly Mgmt 77427 (6) 77336 (6) and 77418 IMRT delivery (28), 11/10/09-12/24/09 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. The ODG Guidelines were not provided
2. Letter by dated 6/18/2010
3. Independent review organization by dated 6/17/2010
4. Fax page by author unknown dated 6/17/2010
5. Case assignment by dated 6/17/2010
6. Independent review organization by author unknown dated 6/16/2010
7. IRO request form dated 6/16/2010
8. Independent review consideration by MD dated 6/10/2010
9. Request for review by author unknown dated 3/11/2010
10. Reconsideration by MD dated 2/4/2010
11. Graph dated 1/22/2010
12. Plan summary sheet dated 1/22/2010
13. Request for reconsideration dated 12/17/2009
14. Fax page by author unknown dated 12/17/2009
15. Final adverse determination by author unknown dated 12/9/2009
16. Peer reviewer report by MD dated 11/23/2009
17. Fax page by author unknown dated 11/18/2009
18. Request for outside review by MD dated 11/18/2009
19. PHY note dated 11/17/2009 to 3/19/2010
20. Medical necessity dated 11/17/2009 & 3/18/2010
21. CM scrn Lvl 1 dated 11/17/2009
22. Non certification by MD dated 11/17/2009
23. Scan dated 11/12/2009
24. Dose constraint report dated 11/12/2009
25. Plan summary sheet by author unknown dated 11/12/2009
26. Treatment planning note by MD dated 11/10/2009 & 2/4/2010

27. Simulation note by MD dated 11/10/2009
28. Clinic note by MD dated 11/10/2009
29. Fax page by author unknown dated 10/27/2009
30. Expedited predetermination by MD dated 10/27/2009
31. Medical policy dated 10/21/2009
32. Medical policy dated 10/21/2009
33. Photon beam plan summary dated unknown
34. IMRT planning note dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This patient is a male with an esophageal mass demonstrated by EGD. Pathology showed Stage T3N0 gastroesophageal junction carcinoma. Intensity modulated radiation therapy was administered in November and December 2009. The provider stated that this therapy would minimize cardiac toxicity associated with radiation.

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

IMRT is medically necessary for several types of cancer but not for gastric or esophageal (or gastroesophageal) cancer. Several review articles have been published regarding use of IMRT in treating malignancies such as gastric carcinoma, with many publications discussing the theoretical advantages of IMRT dose distributions. However, it has not been shown that the use of IMRT can be consistently exploited to obtain a clinically relevant advantage over non-modulated external-beam radiation techniques. One review article in particular reported the authors' review of clinical studies that reported on overall survival, disease-specific survival, quality of life, treatment-induced toxicity, or surrogate endpoints. It showed evidence of reduced toxicity for various tumor sites by use of IMRT, but findings regarding local control and overall survival were found to be generally inconclusive. Another review article discussed challenges associated with the safe delivery of tumoricidal doses of radiation therapy to upper intestinal malignancies such as organ motion due to breathing, gastrointestinal filling and peristalsis, and the presence of many normal tissues with a low tolerance to radiation. It discussed that degradation of upper abdominal IMRT in the presence of organ motion has also been demonstrated. It further stated that clinical experience with dose-escalated IMRT is limited, and IMRT should continue to be studied in clinical trials before it is routinely used for upper abdominal malignancies. The published data is insufficient to support safety and efficacy of IMRT in treating gastric, esophageal or gastroesophageal cancer. Thus, IMRT between 11/10-12/24/09 was not medically necessary for this patient. The recommendation is to uphold the previous denial.

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)

WellPoint Medical Policy; Subject: Intensity Modulated Radiation Therapy (IMRT); Current Effective Date: 10-21-2009; Status: Revised (Historic as of 01/01/2010)

Meyer JJ, Czito BG, Willett CG. Intensity-modulated radiation therapy for gastrointestinal tumors. Current Oncology Reports 2008;10(3):206-11

Taremi M, Ringash J, Dawson LA. Upper abdominal malignancies: intensity-modulated radiation therapy. Frontiers of Radiation Therapy and Oncology 2007;40:272-88

Veldeman L, Madani I, Hulstaert F, De Meerleer G, Mareel M, De Neve W. Evidence behind use of intensity-modulated radiotherapy: a systematic review of comparative clinical studies. Lancet Oncology 2008;9(4):367-75