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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

One Random Urine Drug Screen and one Office Visit for Possible Adjustments of Spinal Cord Stimulator and Medications

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

MD, Board Certified Anesthesiologist/Pain Management

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)

The reviewer finds there is medical necessity for One Random Urine Drug Screen. The reviewer finds there is not medical necessity for one Office Visit for Possible Adjustments of Spinal Cord Stimulator and Medications.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines-Treatment for Workers' Compensation, Chapter: Low Back
Adverse determination 07/13/11
Adverse determination 07/20/11
Clinical records Dr., 2006-2011
IME report 03/23/10
Procedure report 01/04/11
Urine drug screen 04/11/11
MRI lumbar spine 04/26/04
MRI lumbar spine 04/28/05
Procedure report 02/26/08
Urine drug screen 04/19/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. Records indicate the claimant injured his back with subsequent second injury approximately a year later. His treatment has included injections, physical therapy, and implanted dorsal column stimulator. None of this is reported to have resulted in improvement. The claimant's initial complaint was back pain without radiation to the lower extremity. Imaging is reported to show no significant injury to lumbar spine with preexisting multilevel degenerative disease. He is noted to have undergone electrodiagnostic studies, which showed possible peripheral neuropathy with no evidence of lumbar radiculopathy. It is opined there is no indication for

ongoing treatment in relation the claimant's alleged compensable injuries. There is recommendation to wean the claimant off Norco, discontinuation of amitriptyline without weaning. It is noted that the claimant underwent removal of pulse generator battery on 01/04/11 with subsequent replacement. The most recent clinic note submitted for review by Dr. is 04/11/11. It is reported the claimant receives continued pain management with combination of weak narcotic analgesic and amitriptyline at night. He uses a stimulator with good result. He is more functional and active. He feels the stimulator is offering him pain relief in order of 60-70%. He is to be seen in follow-up in 1-2 months with urine drug screen. The record contains a urine drug screen dated 04/19/11 indicating the claimant is positive for Benzodiazepines, positive for methamphetamine.

On 07/13/11, the request was reviewed by Dr. Dr. non-certified the request noting that the patient's current medication regimen and duration of intake are unspecified. There is no objective documentation regarding the patient's current stimulator setting that has inadequate coverage, and that the previous urine drug screen was not submitted for review. The subsequent appeal request was reviewed by Dr.. Dr. non-certified the request and noted there was no recent clinical assessment from the requesting physician with history and physical examination that necessitate the requesting services. It is noted that his current regimen dated 04/11/11 and duration of intake remains unspecified. Objective documentation of current stimulator setting is inadequate, and the previous urine drug screen was not submitted for review.

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

The record contains a urine drug screen that was drawn on 04/11/11 and tested on 04/19/11. This comes as multiple pages of document, which based upon limited information contained in Dr. note would suggest the claimant is not compliant with his medication. He is noted to have apparently been positive for Benzodiazepines and Methamphetamines; however, the subsequent remainder of the tested metabolites was negative. It would appear that random urine drug screen for compliance testing would be medically necessary for this patient based upon this fragmented urine drug screen report. However, the medical necessity for subsequent follow-up visit for dorsal column stimulator adjustment on medication management does not appear medically necessary given the lack of supporting documents and potential noncompliance with treatment plan. Therefore, upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be partially overturned. The reviewer finds there is medical necessity for One Random Urine Drug Screen. The reviewer finds there is not medical necessity for one Office Visit for Possible Adjustments of Spinal Cord Stimulator and Medications.

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)

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