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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/31/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Intrathecal drug delivery trial to cervical and lumbar spine

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

Anesthesiology/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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
MRI lumbar spine 03/08/10 and 08/09/11
Clinical evaluation 11/09/11
Behavioral health evaluation 12/13/11
Clinical evaluation 05/18/11
Behavioral health treatment progress report dated 03/27/12
Clinic note 05/23/12 and 06/07/12
Prior reviews 06/29/12 and 07/19/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx and has been followed for chronic pain in neck and low back. MRI studies of lumbar spine completed in 2010 and 2011 revealed posterior central disc herniation at L4-5 contributing to central canal and foraminal stenosis that has progressed. The patient's pain was managed with medications and a psychological screening performed on 12/13/11 stated the patient is status post cervical laminectomy and fusion from C3-6. Medications at this visit include Ambien CR, Cymbalta, Hydrocodone, Abilify, Xanax, Tramadol, and Methocarbamol. Mental status and behavioral observations revealed agitation when discussing the patient's current situation. BDI was 22 indicating moderate to severe depression and BAI was 42 indicating moderate to severe anxiety. The patient was recommended for continuing individual psychotherapy to address depression and anxiety symptoms. Treatment progress report dated 03/20/12 stated the patient made no improvements with BDI or BAI scoring. The patient indicated severe levels

of depression and anxiety. The patient was recommended to continue with individual psychotherapy. Interventional pain management note by XXX on 05/03/12 stated the patient continues to have neck and low back pain with VAS pain scores of 8/10 on VAS scale. Physical examination revealed limited range of motion of cervical spine. There was facet tenderness in lumbar spine from L3-5. The patient was recommended for intrathecal drug delivery system. Follow-up on 06/07/12 was for medication refills for Opana and Robaxin. Physical examination findings were relatively unchanged.

The request for intrathecal drug delivery trial was denied by utilization review on 06/29/12 as there was no documentation of any specific failed back surgery syndrome in lumbar region or documentation the patient had undergone psychological evaluation regarding candidacy for IDDS system. The request is denied by utilization review on 07/19/12 due to lack of documentation of failure of conservative treatment and lack of documentation regarding psychological evaluation.

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

The request for intrathecal drug delivery system trial is not supported as medically necessary based on current documentation submitted for review and current evidence based guidelines. The patient has been followed for continuing complaints of chronic neck and low back pain. While the patient is status post cervical fusion, there is no indication the patient has undergone any surgical interventions for lumbar spine that would require use of IDDS system. There is minimal clinical documentation regarding failure of recent conservative treatment other than narcotic medications. It is unclear if the patient has reasonably exhausted other lower levels of care such as injections, physical therapy or chronic pain management. Additionally, the clinical documentation does not include psychological evaluation with validity testing which has established the patient is proper candidate for IDDS system. As the clinical documentation submitted for review does not meet guideline recommendations for the request, medical necessity is not established and prior denials are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES