



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 11/19/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Intrathecal Dilaudid Trial.

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

D.O. Board Certified in Anesthesiology and 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Department of Insurance Notice of Case Assignment	10/30/2013
Utilization Review Determinations	9/19/2013-10/14/2013
Psychological Evaluation Report	8/06/2013
Electro- Diagnostic Study Report	7/25/2012
Visit Notes	2/29/2012-8/23/2013
MRI lumbar Spine Report	6/20/2011
Office Visit Note	6/30/2011
Lab Report	7/05/2011
Admission Notes	8/02/2011
Radiology Reports Appeal	8/31/2011 9/27/2013
Visit Note	8/23/2012



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Report of medical Evaluation

5/18/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who sustained an injury to his low back on xx/xx/xx. Patient had severe back pain with associated radiculopathy and subsequently underwent a lumbar laminectomy at L4, L5 and S1 with interbody fusion at L5-S1 on 08/03/2011. Patient continues to complain of back pain with associated radicular component. Patient underwent physical therapy treatments, aquatic therapy, TENS unit, chiropractic treatment, epidural steroid injection and other nerve blocks without any success. Apparently patient had a spinal cord stimulator trial, the results of which were not clearly documented. Patient had an MRI on 06/08/2012 that showed unremarkable postoperative changes. On 07/25/2012, patient had an EMG that showed multilevel lumbosacral radiculopathy. Patient underwent a psychological evaluation that cleared him for an intrathecal pump on 08/06/2013. On physical exam, patient continued to complain of back pain with associated burning pain in the legs bilaterally with diminished deep tendon reflexes; his pain score ranges between 4-6/10. Patient is presently on Norco 10/325 BID and baclofen 10 mg TID.

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

Per ODG references, the requested "Intrathecal Dilaudid Trial" is not medically necessary. Patient has not exhausted all lower levels of treatments. In one of the reports it shows that the patient underwent Spinal Stimulator trial but does not document the results. Patient is presently taking Norco BID. I reviewed all the documentation provided to me for this patient the only other pain medications that were used on this patient were Dilaudid and Tramadol. Since the patient was only using short acting pain medications, there should be a trial of long-acting narcotics with documentation of failure after a period of time, and documentation on the results of the spinal column stimulator trial, prior to resubmission for an intrathecal trial

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 KNOWLEDGE BASE
- AHCP- 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