Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW:

03/21/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Trial of Intrathecal Narcotic Pump with Fluoroscopy and Epidurography

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

The physician reviewer is duly licensed to practice medicine in the state of Texas. The reviewer is fellowship trained in pain management, and board certified in anesthesiology with a certificate of added qualifications in pain medicine. The reviewer has over twenty years of current and active practice in the specialty of pain management.

Certified by the American Board of Anesthesiology
Certified by the American Board of Anesthesiology/Pain Management
Fellowship Trained in 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 or not medical necessity exists for each of the health care services in dispute.

Trial of Intrathecal Narcotic Pump with Fluoroscopy and Epidurography – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Psychological Re-Evaluation, 03/08/12
- Peer Review, 10/09/12
- Progress/Procedure Notes, 02/13/13
- Pre-Certification Request, 02/14/13, 02/23/13
- Denial letter, ESIS, 02/19/13, 02/27/13
- Letter of Reconsideration, 02/19/13

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was allegedly involved in a work injury on xxxxxx. He underwent left L4-L5 and L5-S1 microdiscectomy on 07/07/08 but continued to have ongoing pain. He subsequently underwent a two-month chronic pain management program around November and December of 2010, completing two months of program and decreasing reliance on narcotic medication to Lortab 10 mg twice daily and Soma 250 mg twice daily.

In 2010, the patient was evaluated by a psychologist for a spinal cord stimulator trial. The patient apparently underwent implantation of a spinal cord stimulator system, which later became infected, requiring explantation of the system.

On 03/08/12, the patient underwent another psychologic evaluation by to determine whether he was psychologically appropriate for an intrathecal narcotic trial. The patient was taking hydrocodone 10 mg three times daily and Soma 350 mg three times daily according to the psychologic history. The patient underwent psychologic testing during that evaluation. A personality assessment inventory was said to appear valid, demonstrating that the patient had a "clear preoccupation with somatic complaints." The patient also underwent Minnesota Multiphasic Personality Inventory testing, reflecting a "dysfunctional profile" consisting of a "high level of interferences and low levels of affective distress in comparison to a normative sample of pain patients, and his activity level is below average in comparison to the average pain patient." Despite these findings, and with no other evaluation parameters provided, the claimant was said to be cleared "without reservation" for proceeding with an intrathecal trial.

On 10/09/12, a Peer Review was performed. In that review, he noted that the records regarding the patient's treatment indicated continuing significant pain "but the current regimen is controlling his pain without serious side effects or aberrant behavior." Therefore, he unequivocally stated that "the implantation of an intrathecal pain pump is not considered medically reasonable and necessary or supported by the Official Disability Guidelines." He also cited that the claimant had completed a chronic pain management program. He recommended continued medication management.

Approximately four months later, on 02/13/13, the patient was re-evaluated for his ongoing continuing low back pain. indicated that he would proceed with trying to obtain pre-authorization for an intrathecal narcotic trial. He noted the patient was taking Lortab 10 mg four times daily and Soma 250 mg four times daily. The physical examination revealed nonspecific paralumbar tenderness and no decreased range of motion. No focal neurologic deficits were noted and the patient's gait was said to be normal.

An initial pre-authorization evaluation was performed on 02/19/13, recommending non-certification of the requested intrathecal narcotic pump trial, for dates between 02/14/13 through 04/15/13. The reviewer cited the physical examination evidence provided in his last note and the

lack of any focal neurologic deficits. He also noted that no information was provided regarding the patient's pain score or his response to pain medication. Finally, the reviewer noted that the psychologic evaluation had been performed on 03/08/12, stating that an "updated" evaluation was necessary to check for psychiatric comorbidity. The reviewer cited ODG treatment guidelines in his opinion.

then submitted a letter requesting reconsideration on 02/19/13, providing no new or different medical information than was provided in the initial request.

A separate physician reviewer evaluated the reconsideration request on 02/27/13, also recommending non-certification of the request, for dates between 02/22/13 and 04/23/13. This reviewer cited the lack of clinical notes regarding the patient's pain level and also the fact that the psychologic evaluation was almost one year old. This reviewer also cited ODG treatment guidelines.

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

Although this patient is documented to have continuing ongoing chronic low back pain, the most recent physical examination documentation provided from 02/13/13 reveals very minimal and, for the most part, inconsequential physical examination findings. In fact, the physical examination documents nothing more than nonspecific lumbar, paralumbar, and midline spinal tenderness with no neurologic defects and no significant functional deficits. The patient is taking Lortab and Soma, neither of which is being taken in excessive quantities. As has been pointed out by the previous physician reviewers, the psychologic evaluation is now more than 1 year old and, therefore, does not have relevance to determining the patient's psychologic status at this time. Moreover, that evaluation clearly demonstrated evidence of relative contraindications for a spinal cord stimulator trial as demonstrated by the PAIRS evidence of "clear preoccupation with somatic complaints" and the MMPI evidence of a "dysfunctional profile." Given these significantly abnormal findings and relative contraindications to proceeding with any invasive treatment such as an intrathecal narcotic trial, an evaluation over one year old cannot be considered medically valid for the determining the patient's candidacy for the procedure. Finally, according to the Official Disability Guidelines, the indications for treatment of nonmalignant pain with an implantable drug delivery system include the necessity that there is "intractable pain secondary to a disease state with objective documentation of pathology in the medical records." There is, in fact, no such evidence or objective documentation of pathology in the medical records that have been provided. Therefore, for all of the reasons described above and per the Official Disability Guidelines, this patient is not an appropriate candidate for an intrathecal narcotic pump trial. The trial of an intrathecal narcotic pump with fluoroscopy and epidurography, therefore, is not medically reasonable or necessary, and is not supported by the Official Disability Guidelines. Even if this patient were an appropriate candidate per the Official Disability Guidelines, there would be no medical necessity or reason for epidurography in performing an intrathecal narcotic pump trial. Therefore, the recommendations for non-certification by both of previous physician advisors are upheld. The procedure request, therefore, is non-certified.

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**