

Pure Resolutions LLC

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0870
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/22/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EGFR Mutation Panel Test and Chemo FX Lab Test

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

Board Certified Internal Medicine

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:

Pathology report dated 07/12/12
Laboratory report 08/09/12
Open letter to the Payer Community dated 05/18/09
Appeal letter dated 09/21/12
Prior reviews dated 09/11/12 and 11/28/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was diagnosed with ovarian metastatic adenocarcinoma per the pathology report provided for review. The patient underwent Chemo FX testing on 07/12/12 as well.

The request for EGFR Mutation Panel testing and Chemo FX lab testing was denied by utilization review on 09/11/12 as the studies were considered unproven per medical literature.

The laboratory studies were again denied by utilization review on 11/28/12 as the laboratory tests had not been sufficiently tested in phase III prospective randomized controlled trials to support clinical utility and positive impact on patient outcomes.

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

The chemo sensitivity and chemo resistance assay as completed on 07/12/12 would not be supported as medically necessary as the testing is considered experimental and investigational by national cancer treatment guidelines. Clinical literature has not established the maximum safety and efficacy of chemo resistance or chemo sensitivity testing. There have been no long term randomized control trials establishing that the use of chemo sensitivity and chemo resistance assays is as beneficial as standard methods in determining appropriate use of chemotherapy to treat cancer patients. Given the lack of any long term randomized clinical control trials that would support the safety and efficacy of chemo resistance and chemo sensitivity assays, medical necessity for the requested procedures would not be supported and the prior denials are upheld.

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)
HCCN CLINICAL GUIDLEINES