



Notice of Independent Review Decision - WC

DATE OF REVIEW: 05/13/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OP Intrathecal Opiate Trial 62311

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

Board Certified in Physical Medicine and Rehabilitation (PM&R)

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.

OP Intrathecal Opiate Trial 62311 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate the patient was injured in a slip and fall on xx/xx/xx. Over the course of treatment, the patient has received ESIs, intradiscal electrothermal therapy, 360 fusion, lumbar fusion, MRI of the lumbar spine, severe degenerative changes at L4-5, EMG of the lower extremities, chronic lumbar radiculopathy, and vocational rehabilitation. At this time, the patient has been referred for an intrathecal opiate trial.

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

Based upon my review, I can find no medical evidence to suggest that the intrathecal opiate trial is medically reasonable or necessary. The Official Disability Guidelines (ODG) are quite specific in documentation requirements for consideration of this treatment option. Those requirements dictate that for consideration of this treatment for use in non-malignant pain there must be documentation in the medical record of failure of six months of other conservative treatment modalities, intractable pain secondary to disease with objective documentation of pathology in the medical record, no indication for further surgeries or other treatments, psychologic evaluation, and no contraindications to the treatment. At this time, the treating records provided do not meet the requirements necessary to establish ODG recommendations for consideration of this treatment option. As such, the recommendation is this claimant does not meet the ODG requirements for consideration of this treatment and this treatment would not be recommended.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**