

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IT pump and cath replacement,

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

Board Certified Anesthesiologist

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

Clinical note dated 04/27/09

Clinical note dated 04/27/11

Clinical note dated 06/08/11

Clinical note dated 07/28/11

Clinical note dated 10/27/11

Clinical note dated 01/18/12

Clinical note dated 03/29/12

Clinical note dated 06/06/12

Clinical note dated 08/01/12

Clinical note dated 09/24/12

Clinical note dated 12/11/12

Clinical note dated 03/19/13

Clinical note dated 06/25/13

Clinical note dated 10/01/13

Clinical note dated 01/16/14

Clinical note dated 01/28/14

Operative note dated 04/25/07

Operative note dated 06/04/07

Adverse determinations dated 01/16/14 & 01/23/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who has previously been diagnosed with RSD in the lower extremities. The operative note dated 04/25/07 indicates the patient undergoing an intrathecal pump implantation. The operative note dated 06/04/07 indicates the patient undergoing a re-implantation of an intrathecal pump. The clinical note dated 04/27/09 mentions the patient having sustained a fall when she landed on her feet in an upright standing position but injured her low back. The note mentions the patient having been diagnosed with RSD of the lower extremities. Paresthesia was noted in the right lower extremity. The patient indicated ongoing low back pain with radiating pain into the lower extremities. The clinical note dated 10/27/11 indicates the patient complaining of 6/10 pain. Radiating pain was noted into both buttocks, left greater than right. The note mentions the patient having undergone a spinal cord stimulator trial without significant benefit. The patient was noted to be undergoing periodic IT pump refills. The clinical note dated 06/06/12 indicates the patient having undergone an additional IT pump refill with a 5% increase in medication use. The clinical note dated 09/24/12 mentions the patient rating her pain as 8/10. The clinical note dated 03/19/13 mentions the patient having a current smoking habit. A smoking cessation program was discussed with the patient at that time. The clinical note dated 10/01/13 mentions the patient rating her pain as 5/10. The patient was noted to be utilizing a boot on the right foot. The patient's pain pump was noted to be programmed to run at a rate of 3.103mg per day. The pain pump was noted to be utilizing Dilaudid at 20mg per mL and Bupivocaine at 20mg per mL. The clinical note dated 01/16/14 mentions the patient utilizing the pain pump at 3.413mg per day. The patient was noted to be utilizing Morphine at 20mg per mL and Bupivocaine at 20mg per mL. The clinical note dated 01/28/14 mentions the patient rating her pain as 6/10. Radiating pain was noted from the low back into both lower extremities. The note mentions the patient having decreased her pain medications by 20% and was instructed to follow up a week later for another 20% decrease. The pump was reprogrammed to run at a rate of 2.72mg per day.

The utilization review dated 01/16/14 resulted in a denial for a pain pump and catheter replacement as no objective information was submitted confirming a diminished response to the continued use of the intrathecal pump.

The utilization review dated 01/23/14 resulted in a denial as no objective data was provided indicating the efficacy of the present pump. No information was provided regarding status of the current catheter.

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

The patient is noted to have previously undergone an implantation of an intrathecal pump. The clinical notes indicate the patient responding appropriately to the use of the medications via the pain pump. However, a pump and catheter replacement would be indicated provided the current unit is no longer operable. The patient is noted to be undergoing periodic pump refills and was continuing with the use of Morphine and Bupivocaine. The patient is noted to continue with moderate to severe levels of pain. However, no information was submitted regarding the status of the current pump and catheter. No information was submitted confirming the need for a pump and catheter replacement. As such, it is the opinion of this reviewer that the request for a IT pump and catheter replacement is not recommended as medically necessary.

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)