

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: outpatient intrathecal dilaudid trial

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Physical Medicine and Rehabilitation and Pain

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. It is the opinion of this reviewer that the request for an outpatient intrathecal dilaudid trial is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male with a reported injury regarding his low back. The clinical note dated indicates the patient having complaints of low back pain with radiating pain into the buttocks and lower extremities. The note mentions the patient having undergone a surgical intervention in the lumbar region in of with a subsequent surgery in of secondary to significant drainage noted from the lumbar wound. The note mentions the patient having undergone physical therapy and an exercise program as well as aquatic therapy, traction, and massage for approximately 2 months beginning in January of 1992. The clinical note dated 11/16/11 mentions the patient complaining of 4-6/10 pain in the low back. The patient reported constant tingling and weakness. The note mentions the patient having a positive result following a caudal epidural steroid injection. The patient stated that he was able to sleep better following the procedure. The clinical note dated 02/22/13 indicates the patient continuing to complain of low back pain. Radiating pain was noted into the right lower extremity. The clinical note dated 10/25/12 mentions the patient having undergone therapy with no significant benefit. The note mentions the patient having undergone a sacroiliac joint injection. The psychological evaluation completed on 12/09/13 indicates the patient being a reasonable candidate for an implantable device. The clinical note dated 10/31/13 indicates the patient able to heel and toe walk. Diminished reflexes were noted in the lower extremities. The patient was noted to have a positive straight leg raise bilaterally. The clinical note dated 11/04/13 indicates the patient having been utilizing a spinal cord stimulator which was providing diminished benefit. Diffused pain was noted in the thoracic and lumbar areas. The clinical note dated 11/14/13 mentions the patient complaining of 4-9/10 pain. The patient described a constant pressure with tightness, weakness, and pain in the heels. The clinical note dated 11/27/13 indicates

the patient able to stand and walk for 15 minutes. However, the patient noted an increase in pain with prolonged sitting for greater than 15 minutes. The clinical note dated 01/08/14 indicates the patient being recommended for an intrathecal Dilaudid trial.

The utilization review dated 01/03/14 resulted in a denial for an intrathecal trial as no information was submitted confirming an adequate trial of long and short acting opioid therapy.

The utilization review dated 01/08/14 resulted in a denial for an intrathecal pump as no psychological evaluation had been submitted. No details of previous conservative treatments were noted as well.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient having a long history of ongoing low back pain with radiating pain into the lower extremities. An intrathecal pain pump would be indicated provided the patient meets specific criteria to include completion of all conservative treatments. No information was submitted confirming the patient's recent completion of any conservative treatments addressing the ongoing low back complaints. As such, it is the opinion of this reviewer that the request for an outpatient intrathecal dilaudid trial 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)