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An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

Intrathecal Pain Pump Refill (Prialt 10mcg/ml per refill)

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)

Patient Clinical History (Summary)

This patient is a male with complaints of pain. On 01/15/15, the patient was seen in clinic for an intrathecal pain pump refill. Pain was rated at 7/10 at that time. Blood pressure was 148/81. Prialt 10mcg per mL was to be infused at 530mcg per day. On 01/19/15, the patient was seen in clinic and pain was rated at 3/10. It was noted the pain had been unchanged since his last visit. At that time he was prescribed a Medrol dose pack to help with symptoms. On 02/09/15, the patient returned to clinic and pain was rated at 3/10. It was noted he had significant improvement of his symptoms for a significant period of time after an injection had been performed. That was at the right C6-7 level performed in July of 2012.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 03/16/15, a notification of adverse determination was submitted and it was noted there was a lack of documentation demonstrating the patient had significant objective functional improvement with the medication as well as improvement in pain. On 03/20/15, a notification of reconsideration of adverse determination stated that the requested service was not medically necessary as there is a lack of documentation of functional improvement or pain reduction with the intrathecal medication. The submitted records indicate the patient has been having pain rated at 3/10 as of the most recent clinical visits of 02/09/15 and 01/19/15. Therefore appropriate pain relief has been documented. It was noted he was going through a flare up of his cervical radicular complaints at that time and pain was rated at 3/10. The patient was seen on 02/09/15, pain was rated at 3/10 and it was noted that he had received a Medrol dose pack to help with radicular in nature of his neck and arm pain and had undergone an injection in 2012. The records indicate he underwent a cervical epidural steroid injection on 03/10/15 and the efficacy of that injection has not been documented. However, the records do document objective evidence of pain relief with this intrathecal pain pump. Therefore, it is the opinion of this reviewer that the request for an intrathecal pain pump refill with Prialt 10mcg per mL per refill is considered medically necessary and the prior denials are overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)