

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Dec/30/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** pump refill and adjustment, ultrasound guidance, pump medication x 2, urine drug screen tests x 2

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Physical Medicine and Rehabilitation and Pain 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.** pump refill, pump medication x 2 and adjustment are medically necessary; ultrasound guidance and urine drug screen tests x 2 are not medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who sustained an injury on xx/xx/xx. The patient's mechanism of injury was not noted. The patient has been followed for ongoing chronic pain secondary to failed back surgery syndrome. The patient was being followed for intrathecal medication pain management. The patient was being prescribed oral medications to include Celexa, Busiprone, Hydroxyzine, and Androgel. The patient was recommended for urine drug screen every visit to minimize risk of adverse effects and ensure safety of intrathecal pump. As of 11/12/14, the patient's pain scores were between 3 and 5 out of 10 on the VAS. Intrathecal medication was a combination of Dilaudid 2.5mg Fentanyl 200mcg quantity 120mcg and Baclofen 20mcg. With intrathecal medications the patient reported approximately 60% improvement in terms of pain. The patient was able to walk up to 2 miles per day. The patient did not require assistance and could lift up to 20 pounds. No side effects from intrathecal medications were noted. Refill of the combination intrathecal medications was performed at this visit with Fentanyl set at 899mcg every 24 hours. Follow up on 12/17/14 noted no significant change in the patient's pain scores. The patient was still reported to be functionally able to perform most activities of daily living. Up to 50% improvement with medications was noted. No oral narcotics were listed. There was a discussion regarding lowering the amount of medications being delivered through the intrathecal device to provide more days of pump function. The Baclofen was prescribed to oral use with Fentanyl decreased to 675mcg per day. The requested intrathecal pump refill with multiple repeat urine drug screen and office visits were denied by utilization review on 12/05/14 and 12/10/14 as there were no indications for persistent repeat urine drug screens were for multiple office visits billing from 12/17/14.

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

The clinical documentation submitted for review does establish the efficacy of intrathecal medications being prescribed to the patient. As of 12/17/14, the patient reported a 50% improvement in overall pain scores with intrathecal Fentanyl and Dilaudid combined with Clonidine and Baclofen. The patient was functionally improved with the ability to lift up to 20 pounds and walk up to 2 hours per day. It is noted the patient was being recommended for routine urine drug screen testing at every office visit. There is no indication for persistent routine urine drug screen testing given the lack of any prescription oral scheduled medications. Although urine drug screen testing is recommended on a random basis per guidelines there are no indications of any significant increased risk factors or other concerns that would support routine urine drug screen testing as recommended by the attending physician. Therefore, it is this reviewer's opinion that the pump refill and adjustment as well as pump medications are medically necessary. There would be no requirement for routine urine drug screen testing at this point in time and ultrasound guidance would not be required in order to accurately refill the patient's intrathecal device. Therefore, the prior denials for ultrasound guidance and routine urine drug screen testing remains 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)