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DATE: 11/15/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX with XX with XX XX XX-XX XX; Series of XX/XX Weeks Apart

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: The reviewer is certified by The American Board of Anesthesia with over 13 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

XXXX. The current diagnoses were documented as syndrome, XX XX, indwelling XX XX, XX, failed XX syndrome, and XX and XX XX pain.

XXXX: Operative Report, XXXX XX XX, XX. Preoperative Diagnoses: 1. XX syndrome. XX. XX XX. 3. Indwelling XX XX. 4. XX secondary to XX XX. XX. XX secondary to XX XX. 6. XX XX XX. 7. XX XX XX. 8. Status post XX XX. XX. Scarring of XX XX. Operations Performed: 1. XX pain XX trial, XX. XX. Placement of XX XX, tunneled. 3. XX XX patch. 4. XX. XX. XX. Indications for Procedure: Intractable pain and previous history of excessive XX and XX requirement. The patient has also failed XX trials and attempts, though XX did help. XXXX is essentially on a road where XXXX XX requirement will increase to the point where it will be excessive.

XXXX: Progress Note. 7/XX XX XX pain during pain XX refill.

XXXX: Progress Note. Pain XX dose increased. XX XX pain XX/XX.

XXXX: Progress Note. Patient is doing well with the pain XX. Pain in the XX continues to be under control. However, pain in the XX is an issue in which the pain XX has not helped. In the past the patient has been able to get XX, which has been able to help. Surgery is not an option

because XXXX is anatomically corrected. The patient is having pain that is XX to both XX to the XX side. The main pain is in XXXX thighs and goes to XXXX XX and the secondary area of pain that is the worst right now is XX XX. Covering the XX at XX to XX. Plan: The patient will need to get a series of at least two sets of injections including; XX XX with XX. If possible, an XX-XX XX XX XX and an XX joint injection on each side. For the first set, the plan is to do the XX XX with XX. The XX XX will be done if the XX is not able to make it to the XX-XX XX. The next set of injections will be the XX joint, XX. The next set will be the XX joint, XX. The final set will be a repeat of the first set of injections. I believe this will get XXXX comfortable for the time being. If the patient has developed any new XX pain, then some median XX XX blocks and possible XX may be required. For now, the first injection will be a XX XX with XX and then a XX XX at XX-XX XX.

XXXX: UR by XXXX. Rationale- There is insufficient clinical information provided to support the request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no specific information provided regarding prior XX. The ODG require documentation of XX on physical examination corroborated by imaging studies and/or electrodiagnostic results. There is no current detailed physical examination submitted for review. There are no imaging studies/electrodiagnostic results submitted for review. Guidelines would not support a series of injections. Not medically necessary.

XXXX: UR by XXXX. Rationale- Per ODG, XX are recommended as a possible option for short-term treatment of XX pain. The patient reported XX pain XX into both XX to the XX side and thigh pain that goes to the XX and XX feet rated XX/XX. However, there were no imaging studies included for review, no information on the previous XX such as functional improvement, and there was insufficient clinical information provided. Not certified.

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

The previous adverse decisions are upheld. Based on the records submitted and per ODG XX are recommended as a possible option for short-term treatment of XX pain. The patient reported XX pain XX into both XX to the XX side and XX pain that goes to the XX and XX XX rated XX/XX. However, there were no imaging studies included for review, no information on the previous XX such as functional improvement, and there was insufficient clinical information provided. Therefore, the request for XX XX with XX with XX XX XX-XX XX; Series of XX/XX Weeks Apart is considered not medically necessary.

PER ODG.

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

☐ **ACOEM- AMERICAN 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 XX XX 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)**