



DATE OF REVIEW: 5/9/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended Medical College. He did his residency in Anesthesiology. He has been in private practice since 1983. He is a member of the Pain Physicians and the Orthopedic Medicine. He is board certified in Anesthesiology and Pain Medicine.

REVIEW OUTCOME:

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

- Upheld (Agree)
- Overtured (Disagree)
- Partially Overtured (Agree in part/Disagree in part)

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family. Partially Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile cover sheet dated 04/23/2007
2. Clinical note by dated 04/19/2007
3. Independent review organization(IRO) dated 11/27/2006
4. Independent review organization dated 03/23/2007
5. Explanation of review dated 01/02/2007
6. Clinical note dated 04/23/2007
7. Medical reviews of case assignment dated 04/23/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This female individual reportedly injured herself while at work. She sustained a strain/sprain of the lumbar spine. She worked as a bus driver and complained of intense leg spasms at the time of injury. There was a note that she

Name: Patient_Name

had pre-existing degenerative disc disease. The injured worker was treated with heat, electrical stimulation, and passive modalities. It was also noted that she received injections.

The injured worker was seen for a follow up office visit on 11/27/2006. She was still experiencing severe back pain that radiated into her legs bilaterally. The provider noted that the injections she had received had worked well, but wore off after 2 or 3 weeks. A physical examination revealed pain on flexion and extension to approximately 10 degrees. The patient attempted a Patrick's but was unable to complete the maneuver. The provider's impression was lumbosacral radiculitis, sacrolitis, and back pain, lumbar NOS.

At this time, the previous denial of 99213 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family) is under review.

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

There is inconsistency in the coding. The doctor has made four diagnoses, but the only two that were in the report were sacroillitis and back pain. However, in terms of meeting two of the three key components needed for a 99213, these have been met. There is an expanded problem focused examination which includes almost all the body parts. These body parts were examined properly as per the report. There were several decisions made including medication adjustment and this certainly made the criterion for low complexity decision making.

The coding for the diagnosis was incorrect but all other criteria were met. Accordingly, the recommendation is for partially overturning the previous denial of a 99213 code for this office visit.

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 LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- X 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)

AMR Tracking Num: