DATE OF REVIEW: 07/27/07

IRO CASE #:

DESCRIPTION OF SERVICE OR SERVICES IN DISPUTE:
Office visits (99214) on 06/27/07 and 07/05/07.

QUALIFICATIONS OF REVIEWER:
Texas-licensed Doctor of Chiropractic

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial
3. 2006 & 2007 treating doctor's notes: 2/27 - 9/14/06 & 02/26 – 04/13/07.
4. 2003 & 2004 treating doctor's notes: 11/11 & 12/11/03 & 01/07 – 04/21/04.
5. Pain management notes 08/10 & 09/26/06.

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations should be:

_____Upheld (Agree)

__XX_Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

SUMMARY OF INJURED EMPLOYEE'S CLINICAL HISTORY:
This female was injured at work on xx/xx/xx. She has received care under several different practitioners since that time, including a chiropractor, surgeon and a pain management specialist. Treatment has included medication, passive modalities, exercise, spinal fusion and ESI injections.

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

P. O. Box 215
Round Rock, TX 78680
(1908 Spring Hollow Path, 78681)
Phone: 512.218-1114
Fax: 512.287-4024

It would not be unreasonable to expect additional ongoing office visits for evaluation and treatment, given the patient's severity of conditions (HNP with resultant spinal fusion and ESI, and associated conditions and other complicating factors).

According to worker's compensation guidelines, treatment rendered should fall in one or more of the following categories:

1. Cures or relieves the effects naturally resulting from the injury
2. Promotes recovery
3. Enhances the ability of the injured employee to return to or to retain employment

These office visits (99214) would allow the practitioner to evaluate and formulate a continued plan of care or referral to help achieve one or more of the above goals.

DESCRIPTION AND SOURCE OF SCREENING CRITERIA OR OTHER CLINICAL BASIS USED IN THE MAKING OF THE DECISION:

- Medical judgment
- Texas Guidelines for Chiropractic Quality
- Clinical Documentation Manual, American Chiropractic Association
- Coding Solutions, American Chiropractic Association
- CPT Guidelines, American Medical Association
- ODG-Official Disability Guidelines & Treatment Guidelines

P. O. Box 215
Round Rock, TX 78680
(1908 Spring Hollow Path, 78681)
Phone: 512.218-1114
Fax: 512.287-4024