

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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**DALLAS, TEXAS 75231**  
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**DATE OF REVIEW:** July 11, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Date of Service – 8/16/06      CPT 99214 Office/Outpatient  
Date of Service – 9/20/06      CPT 99212 Office/Outpatient  
Date of Service – 10/2/06      CPT 99212 Office/Outpatient

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- M.D., 02/06/06
- Comprehensive Pain Management, M.D., RN. 08/16/06,10/02/06
- 11/02/06, 01/24/07

Medical records from the URA include:

- M.D., 02/06/06

**PATIENT CLINICAL HISTORY:**

The patient's right foot injury of xx/xx/xx has been unresponsive to all medical, therapy, and multiple surgeries. The patient later developed low back pain and right sciatica. The patient had transforaminal epidural steroid injection at L5-S1 and had pain decreased by August of 2006 for a short period of time, however, her pain returned and actually worsened, i.e., 7/10 low back pain on August 18, 2006 and 8/10 low back pain on October 2, 2006. She continues to undergo epidural steroid injections in spite of significant symptom magnification and nonphysiological complaints with an unremarkable MRI.

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

Three office visits in 2½ months ten years after an injury during maintenance care is not indicated per ODG guidelines. ODG guidelines indicate the patient should only be seen twice a year for maintenance care.

**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
- 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)