

**DATE OF REVIEW:** 7/19/2007  
**IRO CASE #:**

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

1. 99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or 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 moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. 3/23/2007
2. J1885: Injection, ketorolac tromethamine, per 15 mg. 3/23/2007
3. J2360: Injection, orphenadrine citrate, up to 60 mg. 3/23/2007
4. 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. 3/30/2007
5. J2800: Injection, methocarbamol, up to 10 ml. 3/30/2007
6. J1885: Injection, ketorolac tromethamine, per 15 mg. 3/30/2007

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended the University of Florida and later graduated as a Doctor of Osteopathy from the Southeastern University of the Health Sciences, NOVA College of Osteopathic Medicine. He did his residency and fellowship at the University of Texas at Houston. He is board certified in Anesthesiology and Pain Management and has medical licenses in both New York and Texas. He is also a member of the Diplomat American Osteopathic Association, Diplomat American Academy of Pain Management, Diplomat American Board of Anesthesiology, and Diplomat American Board of Pain Medicine.

**REVIEW OUTCOME:**

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

- |                              |                                  |
|------------------------------|----------------------------------|
| Upheld                       | (Agree)                          |
| Overtured                    | (Disagree)                       |
| <b>X</b> Partially Overtured | (Agree in part/Disagree in part) |

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## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note by dated 6/25/2007
2. Review organization dated 03/30/2007
3. Clinical note by MD, dated 3/13/2007
4. Clinical note by, MDdated 3/13/2007
5. Benefit note dated 6/4/2007
6. Clinical note by, dated 06/28/2007
7. Request form dated 6/6/2007
8. Request for reconsideration note dated 5/9/2007
9. Concurrent review dated 6/28/2007
10. Health informatin Claim form by MD, dated 6/04/2007
11. Explanation of review dated 03/23/2007
12. Explanation of review 5/15/2007
13. Health insurance claim form by MD, dated 06/05/2007
14. Explanation of review dated 4/13/2007
15. Explanation of review dated 5/15/2007
16. History and physical by MD dated 3/30/2007
17. History and physical by, dated 3/23/2007
18. Claims mail log dated 6/6/2007
19. Case assignment note by, dated 6/28/2007
20. Review organization note by dated 06/28/2007
21. Injury or illness note dated xx/xx/xx
22. Injury incident note dated xx/xx/xx
23. Employee injury note dated xx/xx/xx
24. Injury report dated xx/xx/xx
25. First report by MD dated xx/xx/xx
26. Follow up report by MD dated xx/xx/xx
27. Follow up note by MD dated 09/22/2006
28. Transcription note by MD dated 09/26/2006
29. Lab report by MD dated 09/26/2006
30. Transcription note by PA dated 09/26/2006
31. Transcription note by PA dated 10/04/2006
32. Follow up report dated 09/21/2006
33. First report dated xx/xx/xx
34. Clinical note by MD dated xx/xx/xx
35. Follow up note dated 09/22/2006
36. Transcription note dated 09/26/2006
37. Transcription note dated 09/29/2006
38. Transcription note dated 10/04/2006
39. Report of medical evaluation note dated 10/04/2006
40. Narrative history note dated 10/04/2006
41. Transcription note dated 10/10/2006 and 10/13/2006
42. Transcription note by MD dated 10/20/2006
43. Transcription note by MD dated 11/02/2006
44. Pre-authorization determination note dated 10/31/2006
45. Evaluation and treatment note dated 10/27/2006 to 11/16/2006 Multiple Dates
46. Transcription note by MD dated 11/09/2006
47. Clinical note dated 11/21/2006
48. Progress report by MD dated 11/17/2006
49. Verification note dated 11/22/2006
50. Neurological consultation note by MD dated 11/30/2006
51. Clinical note by MD dated 12/18/2006
52. Progress report by dated 12/26/2006
53. Transcription note by MD dated 01/04/2007
54. Clinical note by MD dated 01/04/2007
55. History and physical note by MD dated 01/19/2007
56. History and physical note by MD dated 01/19/2007
57. Clinical note by MD dated 02/02/2007
58. History and physical note by PA-C dated 02/07/2007
59. WC preauthorization note dated 02/14/2007
60. History and physical note by PA C dated 02/07/2007
61. History and physical note by PA-C dated 02/07/2007
62. History and physical note by PA-C dated 02/16/2007
63. Clinical note dated 02/26/2007
64. Clinical note by MD, dated 02/27/2007

65. Notice of disputed issue(S) dated 03/02/2007
66. History and physical dated 03/07/2007
67. Clinical note by MD, dated 03/13/2007
68. Clinical note dated 07/09/2007
69. Disability evaluating dated 03/13/2007
70. Clinical note by MD, dated 03/20/2007
71. Letter of medical necessity dated 03/22/2007
72. History and physical dated 03/23/2007
73. Anesthesia medical record dated 03/27/2007
74. Clinical note dated 04/20/2007
75. Operative note by MD, dated 03/27/2007
76. History and physical by MD, dated 03/30/2007
77. Clinical note by MD, dated 04/02/2007
78. Work status report dated 04/02/2007
79. History and physical dated 04/06/2007
80. Additional data page dated 04/09/2007
81. History and physical dated 04/16/2007
82. Additional data dated 07/09/2007
83. Change of treating physicians by DC, dated 04/18/2007
84. Pre-authorization determination dated 04/24/2007
85. Narrative report by DC, dated 04/27/2007
86. History and physical dated 04/27/2007
87. Narrative report by DC, dated 05/07/2007
88. Pre-authorization determination letter dated 05/04/2007
89. Narrative report by DC, dated 05/09/2007
90. History and physical dated 05/11/2007
91. Additional data dated 07/09/2007
92. Narrative report by DC, dated 05/15/2007
93. Progress worksheet dated 05/18/2007 and 05/25/2007
94. Narrative report by DC, dated 05/29/2007
95. Clinical note by MD, dated 05/29/2007
96. Cervical selective nerve report by MD, dated 05/31/2007
97. Anesthesia medical record dated 05/31/2007
98. Clinical note dated 06/20/2007
99. Narrative report By DC, dated 05/31/2007
100. Notice of disputed issue(S) dated 06/04/2007
101. Worker's compensation case by MD, dated 06/06/2007
102. History and physical dated 06/08/2007
103. Additional data dated 07/09/2007
104. Clinical note by MD, dated 07/02/2007

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a female who works as a teacher and was injured on xx/xx/xx when she tried to break up a fight between two students. She was hit on the back of the head and fell against the wall. The injured worker sustained a cerebral concussion and subsequently occipital neuralgia and cervicgia. The injured worker underwent injections which are under review at this time.

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

The documentation does support the progress notes and level of the EM codes. The history, physical, and decision making was documented which is appropriate for the office visits. It is unclear from the documentation why the IM injections were given though. There is no clear treatment plan why these medication why given along with the other P.O. medications. There is also no documentation of effectiveness why they were repeated. Per the ODG guidelines there are few studies of the use of medications in the sub-acute period (7 to 12 weeks) or chronic period of pain treatment. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded.

The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. (Chou, 2006) There are multiple medication choices in the Procedure Summary. See Anticonvulsants for chronic pain; Antidepressants for chronic pain; Antidepressants for neuropathic pain; Antidepressants for non-neuropathic pain; Anti-Inflammatories; Benzodiazepines; Boswellia Serrata Resin (Frankincense); Cannabinoids; Capsaicin; Cod liver oil; Curcumin (Turmeric); Cyclobenzaprine (Flexeril®); Duloxetine (Cymbalta®); Gabapentin (Neurontin®); Glucosamine (and Chondroitin Sulfate); Green tea; Herbal medicines; Implantable drug-delivery systems (IDDs); Injection with anaesthetics and/or steroids; Intrathecal drug delivery systems, medications; Intravenous regional sympathetic blocks (for RSD, nerve blocks); Ketamine; Methadone; Milnacipran (Ixel®); Muscle relaxants; Nonprescription medications; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; Opioids (with links to multiple topics on opioids); Pycnogenol (maritime pine bark); Salicylate topicals; Topical analgesics; Uncaria Tomentosa (Cat's Claw); Venlafaxine (Effexor®); White willow bark; & Ziconotide (Prialt®).

**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  
X 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: