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Notice of Independent Review Decision

DATE OF REVIEW: 08/29/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office Visit

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery, Neurological Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Office Visit	99214	-	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old female who is reported to have sustained a work related injury to her low back on xx/xx/xx. The patient is currently under the care of Dr. . Two clinical notes were submitted. The first is dated 08/02/07 which indicates that the patient was last seen on 02/01/07. She was having low back pain radiating into the lower extremities. The patient was treated conservatively. She returns to the office for a scheduled follow up appointment. She complains of episodes of low back pain radiating to the lower extremities left greater than right. Her pain is worse at night. According to the patient the pain increases with activities. The patient continues taking prescribed analgesics that will provide benefit for ongoing low back pain. She is reported to continue to work regular duty but is on summer vacation due to school. On physical examination she has decreased motion of the lumbar spine. Straight leg raising is positive at 40 degrees on the left. Deep tendon reflexes are reported to be hypoactive although equal and symmetrical.

She has decreased sensation at the level of L5-S1 on the left. The patient is diagnosed with a herniated disc at L5-S1 and a lumbosacral radiculopathy. She will continue to be treated conservatively. She will be seen biannually unless she needs to be seen sooner. She was provided a prescription for Ambien and

was released to regular activity. The patient was again seen in follow up on 05/06/08. At this time her symptoms are reported to be unchanged. She continues to work regular activity despite complaints of intermittent low back pain. Her treatment plan continues to be conservative in nature. She is scheduled to return to this office biannually or on an as needed basis. She remains at a regular work status. She will continue to be prescribed the oral medication Ultracet and Ambien.

On 07/03/08 a request was placed by Dr. for an office visit. This request was noncertified by Dr. . Dr. opines that the patient is a xx year old lady with a date of injury of xx/xx/xx and is reported not to have any disc protrusion on the basis of an MRI performed in 2001. He notes that her care has been conservative with medication and there is no indication that she needs specialized orthopedic care. He indicates that with treatment consisting of only conservative care for 7 years and no documentation of a change in symptoms it is unlikely that she would need specialized care. He opines a non-specialist physician should be adequate. He opines that the request is not medically necessary.

The case was reviewed on appeal by Dr. on 07/18/08. Dr. reports that the patient was prescribed Ultracet and Ambien one year ago and indicates that there is no current documentation to indicate that any medications are currently prescribed such that the medical necessity for and the frequency of follow up visits for the purpose of monitoring might be established. He non-certifies the request.

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

Items in dispute: Office visit

I would concur with the two previous reviewers in that there is no indication for specialist follow up visit. Dr. is a neurosurgeon and there is no indication from the available records that the patient would be an operative candidate. Therefore routine follow up care by a specialist would not be considered medically necessary or appropriate. The patient should be followed either by an occupational medicine physician or a physiatrist for long term follow up care.

ODG Low Back Chapter

Official Disability Guidelines, Return To Work Guidelines (2007 *Official Disability Guidelines*, 12th edition) Integrated with Treatment Guidelines (*ODG Treatment in Workers' Comp*, 5th edition) Accessed Online

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

ODG:

Low Back Chapter