

SENT VIA EMAIL OR FAX ON
Dec/05/2008

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/2/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office Visit Eval

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines
Denial Letters 9/15/08 and 10/20/08
Spine & Rehab 2/1/07 thru 11/12/08
WC Progress Notes 8/9/06 thru 11/6/06
Record from Dr. 2/27/07
Records from Dr. 1/25/07 and 10/19/06
MRI 9/20/06
EMG & NCS 1/12/07
Lower Extremities Study 1/27/07
Lumbar Spine 8/9/06
Two Views Right Knee 8/25/06
Record from Dr. 6/29/08

PATIENT CLINICAL HISTORY SUMMARY

This man reportedly injured his back on xx/xx/xx while lifting a xxx. He subsequently underwent a medical evaluation. The request is for the low back and therefore I am not addressing the other complaints. He had ongoing back pain and pain down the right lower extremity. His MRI on 9/20/06 reported a disc protrusion at L5/S1 with smaller disc bulges at L2/3 and L4/5. The neuroforamina were open without stenosis or nerve root compromise. Dr. examined him on 2/7/07 and felt the study showed a disc herniation at L5/S1 with spinal stenosis, L5/S1 retrolithesis and facet subluxation. He advised surgery. This was not performed. He had an EMG on 1/12/07 that was interpreted as being consistent with bilateral radiculopathy based upon reduced motor recruitment and polyphasic, but without any spontaneous activity. The right H1 reflex latency was 1.1 ms longer than the left suggestive of a right S1 radiculopathy. Evoked potential studies that day showed evidence of bilateral L5/S1 and right L3/4 radiculopathy. Dr. commented upon steroid injections, but presumably these were not epidural injections as these were commented upon as being denied. Dr. mentioned a pain program for this man. From Dr. notes and appeals, this man has back pain and right leg pain, but both legs are weak, give way and he falls. He has been on Soma I bid and cyclobenzaprine (generic for Flexeril at the cited dose) I bid. Dr. performed a chart review. In addition, this man is on therapeutic cream and acetaminophen.

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

This man is on 2 prescription medications. These require physician supervision under the Texas Medical Practice Act.

Since the medications are not without risk and there is no cited improvement while on them, I would concur with Dr. that the medications be slowly discontinued. The question, however, posed to the Reviewer is whether a physician, Dr., needs to supervise their use. The answer to the latter is yes.

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

- ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)