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Notice of Independent Review Decision

DATE OF REVIEW: 02/12/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

An office visit (99213) and single drug screen (80101)

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

☐ Upheld (Agree)

X Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

An office visit (99213) and single drug screen (80101) – Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with , M.D. dated 07/05/05, 08/15/05, 09/13/05, 10/11/05, 10/12/05, and 11/17/05

A procedure note from Dr. dated 08/03/05
Procedure notes from , M.D. dated 03/02/06
Required Medical Evaluations (RMEs) with ., M.D. dated 09/20/05, 03/14/06, and 02/26/08
A lumbar discogram interpreted by Dr. dated 11/09/05
Designated Doctor Evaluations with M.D. dated 11/17/05, 05/25/06, 10/16/06, 01/10/07, and 04/27/07
Evaluations with Dr. dated 12/08/05, 01/19/06, 02/22/06, 04/18/06, 04/18/07, 05/21/07, 01/09/08, and 06/02/08
PLN-11 forms from the insurance carrier dated 02/01/06 and 04/27/06
Evaluations with , R.N. for Dr. dated 02/13/06, 03/20/06, 05/19/06, 06/19/06, 07/17/06, 08/14/06, 09/11/06, 10/11/06, and 11/08/06
An evaluation with , M.D. dated 08/31/06
An MRI of the lumbar spine interpreted by , M.D. dated 11/27/06
Evaluations with , R.N. for Dr. dated 01/17/07, 02/16/07, 06/20/07, 07/20/07, 08/21/07, 09/20/07, 10/18/07, 11/15/07, 12/13/07, 07/01/08, 07/31/08, 08/08/08, and 09/26/08
Evaluations with , P.A.-C. for Dr. dated 03/19/07, 02/06/08, 03/06/08, 04/03/08, and 05/02/08
Medical necessity requests for medication from Dr. dated 01/10/08 and 02/07/08
A presurgical mental health consultation with , M.S., L.P.C. dated 02/20/08
A drug screen dated 03/06/08
Peer reviews from , D.O. dated 03/10/08, 05/06/08, and 07/29/08
An evaluation with , M.D. dated 04/22/08
A DWC-73 form from Dr. dated 04/22/08
A health insurance claim form from Dr. dated 05/02/08
A letter of medical necessity from Dr. r dated 05/02/08
A peer review from M.D. dated 05/30/08
An operative note from Dr. date 08/05/08
An anesthesia record dated 08/05/08
A request for an IRO from Dr. dated 08/25/08

PATIENT CLINICAL HISTORY

On 07/05/05, Dr. recommended a lumbar epidural steroid injection (ESI). On 09/20/05, Dr. recommended an active exercise program only. A lumbar discogram interpreted by Dr. on 11/09/05 revealed concordant back pain at L4-L5 and L5-S1. On 11/17/05 and 10/16/06, Dr. felt the patient was not at Maximum Medical Improvement (MMI). On 02/13/06, Dr. recommended a nucleoplasty. A lumbar discectomy was performed by Dr. on 03/02/06. On 03/14/06, Dr. felt the patient's current complaints were related to a degenerative condition and not to the work injury. On 08/31/06, Dr. recommended a urinalysis and an MRI of the lumbar spine. An MRI of the lumbar spine interpreted by Dr. on 11/27/06 revealed a slightly hyperdense and T2 bright area identified in the anterior-inferior T12 vertebral body and small Schmorl's nodes. On 01/10/07, Dr. placed the patient at MMI with a 5% whole person impairment rating. On 06/20/07, Ms. refilled Soma and Lortab. On 01/10/08 and 02/07/08, Dr. wrote letters of medical necessity for Fentanyl and

Hydrocodone. On 02/20/08, Mr. recommended a spinal cord stimulator. On 05/02/08, Dr. wrote a letter of medical necessity for Duragesic, Lyrica, Lortab, and Naproxen. On 08/05/08, Dr. performed implantation of two Medtronic octads electrodes and spinal cord stimulation programming.

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

The ODG does indicate that drug testing is recommended as an option, using a urine drug screen to assess the presence of elicit drugs. The patient has continued on narcotic therapy. The patient was noted to be a candidate for a spinal cord stimulator, which was placed on 08/05/08. The usage of a drug screen for illicit substances such as opiates or marijuana would certainly be a disqualification for the patient to have the ongoing use of a spinal cord stimulator. Therefore, an annual drug screen (80101) and an office visit (99213) is reasonable and necessary in the ongoing treatment of this patient.

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 AND KNOWLEDGE BASE**
- ☐ **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**
- X **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)**