



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 01/28/09

**IRO CASE NO.:**

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

Item in dispute: 99213 Office outpatient visit

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Denial Upheld  
99213 Office visit not medically necessary

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical records Dr. dated 12/23/02 thru 01/16/03
2. Impairment rating dated 02/13/03
3. Clinical records Dr. dated 08/31/04 thru 09/27/05
4. Imaging report left elbow dated 09/07/04
5. Impairment rating dated 09/15/04
6. Impairment rating dated 09/20/05
7. CT CTA of the abdomen and pelvis dated 07/11/06
8. MRI of the lumbar spine dated 07/26/06
9. Clinical records Dr. dated 06/27/07 thru 08/13/08
10. Impairment rating dated 08/29/07
11. Utilization review determination dated 12/22/08
12. Utilization review determination dated 01/05/09
13. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was xx years old when he was reported to have a history of multiple work related injuries. The submitted clinical information suggested the employee sustained a knee injury, which resulted in arthroscopy, and later work hardening. There was a reference to a left elbow injury and carpal tunnel syndrome.

Records indicate the employee was referred for MRI of the lumbar spine on 07/26/06. This was reported to be secondary to a date of injury of xx/xx/xx. This study reported diffuse disc bulges at L2-L3 and L3-L4, with mild central spinal canal stenosis at L2-L3 and L3-L4. There was a small central disc protrusion at L3-L4. There was evidence of a central and right paramedian disc protrusion at L4-L5, with diffuse disc bulging and mild bilateral neural foraminal stenosis at that level. At L5-S1, there was a disc protrusion and bilateral neural foraminal stenosis.

Clinical records dated 06/27/07 indicated the employee was getting off a truck and felt sharp pain in his low back on xx/xx/xx. The employee is a former patient of Dr. who was leaving town or retiring. His treatment with Dr. included injections and medicine with no therapy. Current medications include Soma, Neurontin, Darvocet, and Naproxen. On physical examination, the employee was in no acute distress. He walked with an unassisted normal fluid reciprocal gait. He had symmetrical deep tendon reflexes and negative Babinski's. Straight leg raise was negative. The employee had positive tenderness to palpation overlying the sacroiliac joint, greater on the right than left. The employee was reported to be working full duty at that time.

Records indicate that on 10/03/07, the employee had been provided an impairment rating, which was DRE Category II at 5%. The date of Maximum Medical Improvement (MMI) was reported to be 08/29/07.

The employee was seen in follow-up on 03/05/08. His pain was reported to be unchanged. He was functioning well enough to be at full duty. He received refills on pain medications.

The employee was subsequently seen on 08/13/08. He now reported having increasing left leg pain over the last several weeks of unknown etiology, with no new injury. On examination, he had pain with straight leg raise. Dr. recommended the employee return to be seen under his private health insurance. He suspected this may be coming from the employee's back and provided him a Medrol Dosepak.

A request was apparently placed for an outpatient office visit, Code 99213. This was initially reviewed on 12/22/08, by Dr. Dr. reported the employee was over xx years post date of injury. There was a history of a prior disc abnormality at L4-L5 on the right. Current symptoms appeared to be on the left. He notes this clinical presentation was different, and referred to Dr. 's note dated 08/13/08. Dr. found the request was not medically necessary.

This was subsequently appealed on 01/05/09. The case was reviewed by Dr. who noted the employee had a prior history of an abnormality at L4-L5 on the right. The employee's current symptoms appeared to be on the left. He reported that **Official Disability Guidelines** would not allow for a follow-up visit for a different clinical presentation from the previous injury.

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

I would concur with the previous 2 reviewers that the employee's clinical presentation is not consistent with his history of previous injury and imaging studies. I would note the imaging studies submitted for review indicate multilevel degenerative changes. Given that degenerative disc disease is an ordinary disease of life, and the employee presents with a different clinical presentation, the request for outpatient office visit as related to the previous injury, would not be medically necessary. The subsequent recommendation for referral to his primary care for evaluation would be considered appropriate.

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

1. The Official Disability Guidelines, 13th edition, The Work Loss Data Institute.

<b>CPT<sup>®</sup> Code</b>	<b>Name</b>	<b>Maximum Occurrences</b>
<a href="#">99202</a>	Office/outpatient visit new	1
<a href="#">99203</a>	Office/outpatient visit new	
<a href="#">99204</a>	Office/outpatient visit new	
<a href="#">99212</a>	Office/outpatient visit est.	6
<a href="#">99213</a>	Office/outpatient visit est.	
<a href="#">99243</a>	Office consult, mod complexity	1
<a href="#">99244</a>	Office consult, mod complexity	
<a href="#">97140</a>	Manual therapy	6*
<a href="#">98940</a>	Spinal manipulation, one to two regions	
<a href="#">98925</a>	Osteo manipulation, 1-2 regions	
<a href="#">97124</a>	Massage therapy	
<a href="#">97001</a>	Physical therapy evaluation	1
<a href="#">97535</a>	Self care training	1
<a href="#">97110</a>	Physical therapy procedure	6*
<a href="#">97002</a>	Physical therapy re-evaluation	1
<a href="#">97530</a>	Therapeutic activities/exercises	6*