

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/31/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office Visit, 99212, 2/20/09

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

MD, 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

ODG Guidelines and Treatment Guidelines

Explanation of Medical Benefits, 3/23/09

Pain Management, Request for Reconsideration, 4/20/09

History & Physical, 2/20/09, 10/20/08, 10/1/08, 3/3/08, 4/16/08, 8/6/08, 12/14/07

Evaluation Centers, 7/21/08

Diagnostic Clinic, 8/7/08, 9/19/08, 1/22/09

PT Daily Note, 10/3/08, 2/10/09, 11/19/07, 11/26/07, 11/28/07, 12/4/07, 12/11/07, 12/6/07, 12/13/07, 12/20/07, 12/21/07, 5/22/08, 5/20/08, 4/2/08, 4/8/08, 4/4/08, 4/10/08, 4/14/08, 4/22/08

Peer Review, 10/17/08, 2/27/09

ODG

Letter to TDI 6/25/09

MRI Lumbar Spine, 11/13/07

Medical Clinic, 1/10/07, 12/6/07, 11/2/07, 2/1/08, 2/18/08, 3/19/08

PATIENT CLINICAL HISTORY SUMMARY

This patient apparently developed back pain as a result of an injury in xx/xxxx. Dr. felt there is a radiculopathy. The MRI on 11/13/07 showed a disc bulge, but no nerve root compressions. She had a long course of physical therapy and continues to have back pain going to the right buttock. She had a Designated Doctor Exam that found no impairment. She is being managed on prn ibuprofen and prn Flexeril. The office notes for the date in question (2/20/09) are for a follow up visit. Dr. wrote "Pt. States nothing has changed since the last visit 10/08." Dr. performed a peer review on 10/17/08 and wrote that: "Viewing the lack of pathology and the minimal physical findings on clinical exams, this individual has reached the point where about the only interventions indicated would be a good home exercise program and possibly the judicious use of over-the-counter medications." Dr. treated the patient again despite the peer review. He cited a phrase in a TWCC publication that "...the carrier is liable for all reasonable and necessary medical costs...to treat the compensable injury."

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

The medical necessity of this office visit has not been substantiated based on the records provided for this review. Dr. wrote in the notes that there was no clinical change. The medications were not changed, nor new ones prescribed. There were no opiates being used by the patient that necessitate monitoring. The ODG bases the need for office visits based upon reasonable physician judgment and patient stability. The reviewer agrees with the peer reviewer that another office visit was not medically necessary. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Office Visit, 99212, 2/20/09.

Office visit

Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payors for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of "virtual visits" compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)