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DATE OF REVIEW: 06/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient office visit (99213) with Scott Berlin, M.D.

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

Licensed by the Texas State Board of Chiropractic Examiners

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)

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.

Outpatient office visit (99213) with M.D. - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with, M.D. dated 07/23/08
Chiropractic therapy with D.C. dated 07/28/08, 07/30/08, 07/31/08, 08/01/08,
08/04/08, 08/06/08, 08/07/08, 08/11/08, 08/13/08, 08/15/08,
08/18/08, 08/20/08, 08/25/08, 09/03/08, 09/11/08, 10/02/08, 10/16/08, 01/13/09,
01/30/09, 03/25/09, 04/01/09, 04/06/09, 04/09/09, 04/13/09, 04/15/09, 04/17/09,
04/22/09, 04/28/09, 05/01/09, 05/04/09, 05/07/09, 05/11/09, 05/14/09, 05/18/09,
05/26/09, 06/02/09, 06/08/09, and 06/15/09

DWC-73 forms from Dr. dated 07/28/08, 08/13/08, 08/19/08, 09/03/08, 10/03/08, 11/04/08, 12/17/08, 01/08/09, 01/13/09, and 01/30/09
An MRI of the lumbar spine interpreted by, M.D. dated 08/15/08
A Physical Performance Evaluation (PPE) with Dr. (no credentials were listed) dated 08/15/08
Neurological consultations with, M.D. dated 10/02/08 and 01/06/09
An EMG/NCV study interpreted by Dr. dated 10/02/08
A pain clinic consultation with, M.D. dated 11/07/08
An evaluation with, M.L.A/L.P.C. dated 11/10/08
A procedure note from Dr. dated 11/21/08
An evaluation with, R.N. dated 12/10/08
A Functional Capacity Evaluation (FCE) with, M.S., P.T. dated 01/12/09
An impairment rating evaluation with Dr. (no credentials were listed) dated 02/25/09
A letter of preauthorization request from Dr dated 04/08/09
Letters of adverse determination, according to the Official Disability Guidelines (ODG) from, M.D. dated 04/08/09 and 04/13/09
Letters of adverse determination, according to the ODG, from, D.C. dated 04/28/09 and 05/06/09
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On xx-xx-xx, Dr. recommended a back exercise rehabilitation program and Naproxen, Robaxin, and Lortab. Chiropractic therapy was performed with Dr. from 07/28/08 through 06/15/09 for a total of 38 sessions. An MRI of the lumbar spine on 08/15/08 showed disc protrusions at L4-L5 and L5-S1. A PPE on 08/15/08 indicated the patient functioned at the sedentary/light to light/medium physical demand level. An EMG/NCV study on 10/02/08 revealed bilateral L5 and S1 active denervation process (radiculopathy). On 11/10/08, Ms. recommended a work hardening program. A bilateral L4-L5 epidural steroid injection (ESI) was performed by Dr. on 11/21/08. An FCE with Mr. on 01/12/09 indicated the patient was able to function at the medium physical demand level. On 02/25/09, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 5% whole person impairment rating. On 04/08/09, Dr. wrote a letter of non-authorization for continued treatment with Dr. On 04/28/09, Dr. also wrote a letter of non-authorization for continued treatment with Dr.

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

It appears the patient's condition continues to worsen. Since the patient is still having a significant amount of pain, a referral for a second opinion and consideration for another mode of treatment would be appropriate, as she does not appear to be responding to the chiropractic care. Therefore, the requested

outpatient office visit (99213) with Dr. is reasonable and necessary and the previous adverse determinations should be overturned.

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
- 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)