I-Decisions Inc.

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DATE OF REVIEW:
Jun/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
One (1) Office/Outpatient Visit, Follow-up, 99214

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Determination Letters, 3/15/09, 3/30/09
Letter from Law Firm, 5/21/09
, 3/25/04
Dr. MD, 4/1/04, 4/3/04, 4/29/04, 5/12/04, 6/3/04, 6/17/04, 9/1/05, 2/27/06, 3/2/06, 4/26/06, 6/21/06, 8/10/06, 9/29/06, 11/22/06, 6/8/07, 8/23/07, 8/24/07, 6/17/08, 10/16/08
Therapy, 4/8/04, 4/22/04,
MRI Lumbar Spine, 4/2/04, 9/8/05, 8/8/06,
5/5/04
Peer Review, 10/30/06, 2/21/08, 9/17/08
Myelogram, 6/1/07
Rehabilitation Center, 7/27/07
Initial Psychological Evaluation, 3/24/08
Psychological Reassessment, 7/17/08
, 3/13/09, 3/30/09
Precertification Request from Dr. MD, 3/25/09

PATIENT CLINICAL HISTORY SUMMARY
This is a man injured on xx-xx-xx. He underwent a L4/5 laminectomy and L5/S1 discectomy in 2005. He had ongoing chronic back pain. Repeat diagnostic studies showed postsurgical changes, but did not explain the cause of his ongoing pain. He had EMGs and epidural injections. He was advised to attend a pain program. He had an evaluation in 2006. Dr. did not feel he had an initial or current disc herniation or that he needed additional surgery

(2006). He has seen Dr. several times a year since he had the surgery. The most recent note was 10/16/08 and described the current condition and the ongoing need for a pain program. The provider had no further suggestions. The provider felt this man had a chronic radiculopathy and epidural adhesions.

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

The records show that Dr. has been the primary physician. The ODG is vague on the number of office visits recommended, but concludes that more frequent visits are needed for medication management. This patient is not on narcotics. The criteria for level of treatment (99214) was developed by the AMA and is described in the ODG. It requires a detailed history, examination and complex decision-making. Records indicate there is the absence of need for complex decision-making in following and not changing treatments for this man. As such, this level of treatment would not meet the guidelines for medical necessity in this patient's case. The reviewer finds that medical necessity does not exist for One (1) Office/Outpatient Visit, Follow-up, 99214.

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.

99214 Doctor's visit for the evaluation of an established patient for a detailed history, examination, and a medical decision of moderate complexity

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

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

[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)