

US Decisions Inc.

An Independent Review Organization
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DATE OF REVIEW:

Jun/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office Visit (99212, 82570)

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

M.D., Board Certified Orthopedic Surgeon

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
Determination Letters, 5/15/09, 5/21/09
Office notes, Dr., 2005, 2006, 2007, 2008
Office notes, Dr, 01/28/09, 02/24/09
Letter from Dr., 01/29/09
Procedure, 05/13/08
MRI lumbar spine, 11/15/02, 11/20/07
X-ray lumbar spine, 04/13/06
Pre-authorization request, 05/15/09, 05/21/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant who reportedly sustained a low back injury in xx-xxxx. The records indicated that the claimant underwent a L4-5 percutaneous discectomy on 07/23/03, was noted to have persistent low back pain and was diagnosed with failed back syndrome. The medical records provided for review demonstrated that the claimant attended routine physician office visits from 2005 through 2008 and into 2009 for examinations, coordination of care and medication management.

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

There is not enough medical information in this record to meet the ODG for an office visit for this patient. ODG Guidelines indicate that determination for office visits are based on what medication the claimant is taking, whether there is improvement, and what the physician does at the time of the visit. This information has not been provided. A visit on 01/28/09 with Dr. shows the patient was given Lyrica with a questionable refill of Vicodin. The office visit of 01/28/09 does not document whether or not the medication has helped since that claimant has been on those medications in the past. Based on review of this medical record there is

not sufficient medical information provided to meet the guidelines for a medically necessary office visit. The reviewer finds that medical necessity does not exist at this time for Office Visit (99212, 82570).

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)