

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, ME 04915

Phone: (512) 782-4560

Fax: (207) 470-1035

Email: manager@us-resolutions.com

DATE OF REVIEW:

May/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

RETROSPECTIVE: Medical necessity for follow-up physician visit; Disputed date of service is 12/11/08 -- Follow up visit for neck pain; CPT Code is 99213 (Physician Visit)

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Request for Reconsideration, 2/12/09

Pain Management, 12/11/08, 11/13/08, 10/16/08, 9/18/08,

8/21/08, 7/22/08, 5/14/08, 3/19/08, 1/28/08, 1/11/08, 12/13/07, 2/11/08,

3/12/08, 4/14/08, 6/16/08, 9/18/08

PT Notes, 8/14/08, 8/18/08, 8/20/08, 8/28/08

Operative Note, 8/12/08, 5/8/08, 5/15/07

MD, 7/29/08, 10/9/07, 3/14/06, 10/19/04, 2/4/08

Previous IRO Decision, 3/25/08

PATIENT CLINICAL HISTORY SUMMARY

This is a man with ongoing neck and back pain. The date of injury is indicates as xx-xx-xx. The records indicate the patient had preexisting degenerative changes in his neck when he struck his head. He under went a cervical fusion from C4-C6 in 2002. He had ongoing pain and had facet blocks (2007) and a RF neurectomy at C3-4 and C7-T1 in August 2008. He also has an unrelated low back problem. He has been on Lorcet receiving 150 tablets per prescription. He was seen in 2008 on 5/14, 7/22, 8/21, 9/18, 11/13 and 12/11/08. The December visit is the one under question in this review. Dr. is treating the claimant's cervical problem and Dr. the low back. The latter is not considered work related. Dr. performed independent medical examinations in 2004, 2006 and 2007. He wrote in 2004 that he felt this man was taking too much Lorcet. He subsequently agreed that the hydrocodone was appropriate for the pain. He recommended in 2007 that this man needed to be seen once or twice a year for the physician visits.

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

The need for the office visit of 12/11/08 is under dispute in this retrospective case. Both the DEA and DPS require monitoring patients at a reasonable frequency when they are on controlled substances and dangerous drugs. In addition, the Medical Board's pain management chapter indicates that in the treatment of chronic pain, "periodic review should assess progress toward reaching treatment objectives, taking into consideration the history of medication usage, as well as any new information about the etiology of the pain."

In this patient's case, there is a note from Dr. that indicates this man admits using alcohol "more than he should." He also has a family history of substance abuse. Dr. wrote that there is no evidence of diversion. The benefits of the use of controlled substances in this case have been documented. The reviewer finds that Dr. has made an appropriate decision to monitor this person's use of hydrocodone. The reviewer finds that medical necessity exists for follow-up physician visit; Disputed date of service is 12/11/08 -- Follow up visit for neck pain; CPT Code is 99213 (Physician Visit).

TITLE 22. EXAMINING BOARD
PART 9. TEXAS MEDICAL BOARD
CHAPTER 170. PAIN MANAGEMENT

22 TAC § 170.1-170.

§ 170.1. Purpose

The treatment of pain is a vital part of the practice of medicine. Patients look to physicians not only to cure disease, but also to try to relieve their pain. Physicians should be able to treat their patients' pain using sound clinical judgment without fear that the board will pursue disciplinary action. This Rule sets forth the board's policy for the proper treatment of pain. The board's intent is to protect the public and give guidance to physicians

(4) Harm can result when a physician does not use sound clinical judgment in using drug therapy. If the physician fails to apply sufficient drug therapy, the patient will likely suffer continued pain and may demonstrate relief-seeking behavior, known as pseudoaddiction. On the other hand, non-therapeutic drug therapy may lead to or contribute to abuse, addiction, and/or diversion of drugs. As with everything in the practice of medicine, physicians must be well informed of and carefully assess the risks and the benefits as they apply to each case

(5) Physicians should not fear board action if they provide proper pain treatment. The board will not look solely at the quantity or duration of drug therapy. Proper pain treatment is not a matter of how much drug therapy is used, as long as that therapy is based on sound clinical judgment. Sound clinical judgment results from evidence-based medicine and/or the use of generally accepted standards

(6) A physician can demonstrate sound clinical judgment by recording the physician's rationale for the treatment plan and maintaining medical records that are legible, complete, accurate and current for each patient

(7) The extent of medical records should be reasonable for each case. A treatment plan for acute, episodic pain may note only the dosage and frequency of drugs prescribed and that no further treatment is planned

(8) Treatment of chronic pain requires a reasonably detailed and documented plan to assure that the treatment is monitored. An explanation of the physician's rationale is especially required for cases in which treatment with scheduled drugs is difficult to relate to the patients objective physical, radiographic, or laboratory findings.

13) "Scheduled drugs" (sometimes referred to as "Controlled Substances")--medications

defined by the Texas Controlled Substances Act, Chapter 481, Texas Health and Safety Code. This Act establishes five categories, or schedules of drugs, based on risk of abuse and addiction. (Schedule I includes drugs that carry an extremely high risk of abuse and addiction and have no legitimate medical use. Schedule V includes drugs that have the lowest abuse/addiction risk).

§ 170.3. Guideline

(a) The Texas Medical Board will use these guidelines to assess a physician's treatment of pain

(1) Evaluation of the patient

(A) A physician is responsible for obtaining a medical history and a physical examination that includes a problem-focused exam specific to the chief presenting complaint of the patient

(B) The medical record shall document the medical history and physical examination. In the case of chronic pain, the medical record should document

(i) the nature and intensity of the pain

(ii) current and past treatments for pain

(iii) underlying or coexisting diseases and conditions

(iv) the effect of the pain on physical and psychological function

(v) any history and potential for substance abuse, and

(vi) the presence of one or more recognized medical indications for the use of a dangerous or scheduled drug.

(5) Periodic review of the treatment of chronic pain

(A) The physician should see the patient for periodic review at reasonable intervals in view of the individual circumstances of the patient

(B) Periodic review should assess progress toward reaching treatment objectives, taking into consideration the history of medication usage, as well as any new information about the etiology of the pain

(C) Each periodic visit shall be documented in the medical records

(D) Contemporaneous to the periodic reviews, the physician should note in the medical records any adjustment in the treatment plan based on the individual medical needs of the patient

(E) A physician should continue or modify the use of dangerous and scheduled drugs for pain management based on an evaluation of progress toward treatment objectives

(i) Progress or the lack of progress in relieving pain should be documented in the patient's record

(ii) Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, and/or improved quality of life

(iii) Objective evidence of improved or diminished function should be monitored. Information from family members or other caregivers should be considered in determining the patient's response to treatment

(iv) If the patient's progress is unsatisfactory, the physician should reassess the current treatment plan and consider the use of other therapeutic modalities.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

TITLE 22. EXAMINING BOARDS

PART 9. TEXAS MEDICAL BOARD

CHAPTER 170. PAIN MANAGEMENT

22 TAC § 170.1-170.3

§ 170.1. Purpose

§ 170.3. Guidelines