

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW: MARCH 25, 2010**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of denied DOS 9.17.2009 for CPT 99213

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.83	99213		retro	1	9.17.2009	115.00			Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-31 pages

Respondent records- a total of 168 pages of records received from to include but not limited to: letter 2.9.10, 2.10.10; ODG Lumbar and Thoracic; HCFA for DOS 9.17.09; EOB 9.17.09; PA Peer

review 1.14.09; xxxxxxrecords 6.21.04-1.5.10' claim mailing log; DDE 11.18.03; progress note from 4.20.04-5.18.04; MRI Lumb spine 12.29.05; Chiropractic notes 3.31.04-6.3.04; report, Dr. 11.18.04-3.11.05; Clinic6.24.03-10.31.03; PA Peer review 1.14.09; Peer Consultants, Inc 10.3.03; Rest ECG report 11.19.08; xxxxx i 8.13.09, 9.8.04; Pool exercise log 3.25-5.8 year unk; HCFA dos 11.18.04; Dr. report 10.23.09; progress note PA 7.10.09; letter 8.28.03; WC form; Outpatient Surgery Center 5.18.06; Therapeutic exercise flow sheet 3.24.04-4.19.04

Requestor records- a total of 48 pages of records received to include but not limited to: TDI letter 2.5.10;\_Comprehensive Pain management records 1.30.09-2.8.10

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Dr. completed a peer review on January 14, 2009 and noted the date of injury of xx/xx/x. A lumbar MRI completed on July 3, 2003 identified surgical changes and no acute disc lesions multiple level disc bulges were reported. This report also indicated a Designated Doctor evaluation dating back to November 18, 2003 which identified multiple prior injuries and a condition that was "essentially unchanged." The injured employee was noted as obese with decreased strength and 4/5 positive Waddell's signs. Chiropractic and IDET therapies ensued. A second Designated Doctor evaluation in October 2004 noted that maximum medical improvement had not been reached. It would appear that the requesting provider (Dr.) became involved in 2006 and epidural steroid injections were completed. Dr. attempted multiple pain management interventions with no objectified success. The peer determination was follow-up every six months to evaluate the need for ongoing medications (Naprosyn and Lortab).

Dr. physician assistant continued to see Mr., every four weeks, noting the continued low back and leg pain with bilateral knee pain. The diagnoses were unchanged and the treatment plan continued with the same medications. The injured employee declined a spinal cord stimulator. There was a compliance issue as the UDS (urine drug screen) was not consistent with the medications being prescribed.

In January, the RACZ catheter was not certified and the injured employee continued to decline a trial of SCS.

Dr. completed a review of Medical Records and outlined the case through October 23, 2009. Dr. did not feel that a second RACZ catheter was indicated. Additionally, Dr. outlined that this procedure was not supported by the Division mandated Official Disability Guidelines.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

As noted in the Division mandated Official Disability Guidelines "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." that said, when considering the medications involved and that there have been monthly visits from March 27, 2009 through February 8, 2010; with no change in complaints, clinical assessment, or desire to advance in treatment options; there is no clear clinical indication for monthly follow-up visits. Therefore, this request is not clinically indicated.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES