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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

June 8, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

99214 Established Patient Office Visit, 12/18/09

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

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Pain: Office Visit
Health Insurance Claim Form

Denial, 1/22/10, 3/24/10

Request for Reconsideration, 2/5/10

Medical Clinic OV 01/10/07, 12/06/07, 02/01/08, 02/18/08, 03/19/08,

Dr. OV 12/14/07, 03/03/08, 04/16/08, 08/06/08, 10/01/08, 10/20/08, 02/20/09, 12/18/09

Dr. / report of medical evaluation 07/21/08

Clinic OV 08/07/08, 09/19/08, 01/22/09, 03/27/09, 06/28/09,

NP OV 07/14/09

PA OV 08/19/09

MRI lumbar spine 11/13/07

Physical Therapy records 11/19/07 to 12/21/07, 07/28/08, 10/03/08, 04/02/08 to 05/22/08,
02/10/09,

Procedure 8/20/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant with reported back injuries in xx/xx. The first injury occurred when she was lifting an ice chest and felt pain in her lower back and the second injury was noted after she slipped and fell from a sitting position out of her chair onto her buttocks. A lumbar MRI performed on xx/xx/xx reportedly was normal except for a midline disc bulge not compromising adjacent neural structures. The claimant was diagnosed with lower back pain and L3 disc bulge and treated conservatively with physical therapy and medications.

Physician records of 2008 noted the claimant with continued back pain greater than leg pain. Lumbar discogenic pain and lumbar facet syndrome was diagnosed. Maximum medical improvement was determined to be 07/21/08. The claimant continued physical therapy and care under pain management with routine office visits. A physician record of 02/20/09 revealed the claimant with persistent bilateral back pain greater than leg pain. A lumbar intra-articular facet injection L4-5 and L5- S1 was performed on 08/20/09. Follow up physician records of 12/18/09 revealed the claimant with right sided back pain with tenderness over the L4- 5 and L5- S1 facet joints. Continued medication use was recommended along with requested facet medial branch blocks. The claimant was also referred for another impairment rating.

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

The office visit provided on 12/18/09 is not medically necessary following the compensable injury incurred previous to this on xx/xx/xx. It should be noted that an MRI on 11/13/07 demonstrates normal findings except for a disc bulge but no neural compression lesion. This may be a reasonable and normal finding in a female. One would not expect a minor injury to be disruptive of the anatomy of the spine. Therefore, in these minor injuries, treatment may only need to be carried out for a brief period of time, after which no further restrictions, limitations, or treatment are medically necessary. This appears to be the case for this claimant. Therefore, the office visit in question, 12/18/09 is not medically indicated with relation to the compensable injury. This is based upon the medical records reviewed and the Official Disability Guidelines. The reviewer finds that medical necessity does not exist for 99214 Established Patient Office Visit, 12/18/09.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Pain : Office Visit

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.

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)