Core 400 LLC

An Independent Review Organization
209 Finn St
Lakeway, TX 78734
Phone: (530) 554-4970
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Office 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)

[X] Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letters, 4/8/10, 4/28/10
ODG-TWC
Spine Rehab, 4/19/10, 1/19/10, 12/14/09, 9/1/09, 10/7/09, 10/13/09, 10/14/09, 10/20/09, 2/22/10, 4/5/10, 3/2/10
Chronic Pain Notes, 9/22/09- 9/30/09, 10/7/09-10/20/09
Evaluators, Inc., 12/7/09, 7/21/09, 10/21/09

PATIENT CLINICAL HISTORY SUMMARY
This is a patient who was injured in a fall on xx/xx/xx. She had multiple treatment programs including 20 sessions in a chronic pain program with documented improvement. She is on chronic pain medications. A letter of medical necessity for the office visit in question explains that the patient needs supervision for her Soma, Xanax and hydrocodone use.

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

The ODG addresses physician office visits in the pain and lumbar section. The patient is taking three controlled substances, hydrocodone, Xanax and Soma. The ODG states the frequency of office visits should be at 1½ months to 2 month intervals for chronic stable patients. The patient's provider states the patient is stable and has been so for several years. However, monthly office visits are not excluded as acceptable by the ODG, particularly for monitoring medication use. According to the ODG:

"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."

In addition, ODG addresses office visits for long-term Users of Opioids (6-months or more) and states that there is no set visit frequency. "This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months."

Dr., an allopathic physician, states he sees the patient monthly to monitor her medication use. The reviewer finds that based on the evidence-based guidelines and a review of this patient's medical record, that medical necessity exists for Office Visit.

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)