SENT VIA EMAIL OR FAX ON
May/15/2010

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

May/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Retrospective drug screening 80101 and office visit 99213

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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
OD Guidelines
Dr. 4/24/09 thru 2/5/10
Spine Care 3/25/08
FOL 4/19/10
Dr. 3/31/09

PATIENT CLINICAL HISTORY SUMMARY
This is a man injured in xxxx. He apparently had 2 back operations and several invasive pain procedures. He had radiological studies that showed degenerative changes, an l3/4 fusion and l4/5 stenosis. He is being treated with Methadone and hydrocodone. The records provided show that he is being seen monthly. He had drug screens in September and December. The office visit and screen on 12/30/09 are in question.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The role of opiates in the management of pain has been controversial. The ODG notes both sides of the argument. It addresses the frequency of visits as saying that it does not have a set number of “recommended number of E&M office visits.” It also addresses the need for monitoring for the ongoing use of the opiates and this includes clinical descriptions and examinations and urine drug screens. It does consider bimonthly office visits acceptable, but notes that some have more frequent visits. It requires drug screen when there are questions of abuse. There does not appear to be issues of abuse here. It also requires “Frequent

random urine toxicology screens” to avoid abuse. By its nature randomness may mean some are given at closer intervals than others. The DEA and Texas DPS encourage drug testing. Therefore, there is no indication of inappropriate care and this case meets the standards of medical necessity.

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)