

# Wren Systems

An Independent Review Organization  
3112 Windsor Road #A Suite 376  
Austin, TX 78703  
Phone: (512) 553-0533  
Fax: (207) 470-1064  
Email: [manager@wrensystems.com](mailto:manager@wrensystems.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/17/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Retrospective, Office Visit on 2/10/10, 99213

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

M.D., Board Certified in Pain Management and Anesthesiology  
American Board of Anesthesiology

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant has low back pain following an injury at work. He was seen by Dr. on xxxxx He complained of "back and tailbone/buttocks" pain. Notes state "The pain is improved by medications." The "patient states (that they are) walking more while on medications." Oxycodone 5mg, 1 tablet every 6 hours and flexeril 10mg, 1 tablet tid prn is being prescribed for pain. A minimal physical exam was performed on 2/10/10. It appears that no physical exam was performed for the chief complaint of back pain. The patient was seen for an office visit on 1/13/10 prior to the 2/10/10 office visit. The plan on 2/10/10 was very simple. The only decision made according to the notes was to continue the current analgesic medications at their same dose. The dispute in this case is over the medical necessity of this office visit, 99213, which was denied by the insurance company.

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

Per the ODG under the criteria for the use of opioids, a patient on opioids should be evaluated "at approximate 1 ½ to 2-month intervals." Therefore, a 1 month follow up visit is appropriate in this patient's case. However, the documentation provided for this review does not justify a level 3 (99213) office visit, which is the code that was billed and denied. The chief complaint of the patient is not even addressed in the physical exam section of the notes from the 2/10/10 office visit. In addition, the plan was simple and not complex. Based on the

records provided, upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The reviewer finds that medical necessity does not exist for Retrospective, Office Visit on 2/10/10, 99213.

**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)