Becket Systems

An Independent Review Organization
13492 Research Blvd. Suite 120-262
Austin, TX 78750-2254
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Office visit x4 lumbar abdominal 99213

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:

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines
Medical Care: 02/22/08, 02/28/08
Dr. Urology: 04/03/08, 05/08/08, 06/19/08
CT scan of abdomen and Pelvis: 04/09/08
Dr.: 04/21/08, 04/25/08, 05/14/08
Dr.: 09/11/08, 09/16/08, 10/07/08, 10/28/08, 08/13/09, 01/12/10, 04/13/10, 07/15/10, 07/30/10, 08/09/10
X-ray Lumbar spine: 09/15/08
FCE: 09/16/08
PhD: 09/16/08
Dr.: 07/28/10
Dr.: 08/09/10:
Miscellaneous Lab Reports dated: 04/03/08
Urodynamic Evaluation 04/18/08
7/28/10, 8/9/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who sustained a work related injury to his low back and abdominal area on xx/xx/xx when a 25 gallon barrel fell and hit him on the right side of hip/abdomen area. The claimant was initially treated for right flank pain and a urinary tract infection. He was first seen by Dr. in September of 2008 and completed a rehabilitation program in January of 2009. An office note of Dr. on 04/13/10 stated that the claimant complained of low back pain and an abdominal contusion. He continued to work full time maintaining his restrictions of 15 pounds frequent and 30 pounds occasional lifting. On examination his

range of motion of his low back was limited with stiffness and rigidity. Dr. recommended continuing the claimant's long term care plan consisting of twice annual doctor's visits, Relafen and an occasional Lidoderm patch. A peer review on 07/28/10 noncertified quarterly visits as there did not appear to be any functional limitations or significant complaints of pain that would reasonably require office visits for the next year. The denial states the claimant did not have any severe conditions that required continued office visits. In his letter of reconsideration on 07/30/10, Dr. opined that he had documented the claimant's ongoing pain and the pain was kept at bay with Relafen and Lidoderm patches which had been provided continuously.

A second peer review on 08/09/10 also noncertified the quarterly visits as the claimant had subjective complaints of pain but no objective findings. He noted that in 2009, an independent medical examination recommended a transition to over the counter medications and a home exercise program. Given the current data, the reviewer felt that there was no medical necessity for this long term care plan. Dr. informed the claimant that his quarterly office visits had been noncertified and that He (Dr.) was supportive of the claimant as he had continued to work and had not taken advantage of ongoing medical treatment. The claimant requested an independent review.

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

Review of the records provided supports the claimant had a lumbar fusion 1988 at L4-5 and L5-S1. He reported lumbago or back pain and a contusion abdominal wall. He had a reported injury to the right side, hip and abdomen on xx/xx/xx. Based on the records provided, it would appear the claimant had a contusion injury back in 2008. Evidently, he was treated exhaustively with conservative care. It appears the claimant returned to full duty work without restrictions. Evidently, there is an independent medical examination that states the claimant is at maximal medical improvement, which recommended transition to a home exercise program and over-the-counter medications. At this juncture, there is no evidence of a progressive neurologic deficit. At this late date, there is nothing to suggest the claimant requires quarterly visits, office visits for an injury date of greater than 2-1/2 years ago. I would offer that this denial is consistent with peer reviews of 07/28/10 to 08/09/10 of Dr. and Dr.. The claimant previously completely the PRIDE program and has been recommended to advance to a home exercise program and over-the-counter medications. The reviewer finds there is not medical necessity for Office visit x4 lumbar abdominal 99213.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back -- Office visits

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. (Dixon, 2008) (Wallace, 2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy.

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)