



MedHealth Review, Inc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax 972-775-6056

Notice of Independent Review Decision

DATE OF REVIEW: 9/3/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an echocardiography, transthoracic, real-time with image documentation (2D), includes M-Mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise (99215, 93350, 93320, 93325, 93015, 93307, 99325, 78452, J0152, A9502).

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

The reviewer is a Medical Doctor who is board certified in Internal Medicine. The reviewer has been practicing for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an echocardiography, transthoracic, real-time with image documentation (2D), includes M-Mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise (99215, 93350, 93320, 93325, 93015, 93307, 99325, 78452, J0152, A9502).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

MD and

These records consist of the following (duplicate records are only listed from one source): Records reviewed from MD: Peer-to-Peer note – 5/13/10 & 7/7/10, Office Notes – 6/10/09-8/17/10, Myelogram report – 4/20/10, X-ray report – 3/18/10; MD Myelogram and CT report – 3/26/10; MD CT Post Myelogram report – 6/26/08, CT Lumbar Spine – 3/3/08; MS Psych Eval – 3/17/10; and, Ph.D. Pre-surgical Consult – 9/10/09.

Records reviewed from: letter – 8/18/10, Denial letter – 7/8/10-7/30/10; Prium Pre- auth report – 7/8/10 & 7/30/10; MD Pre-auth for WC – 7/2/10, Pre-auth Request – undated, Office Note – 7/15/08, Cardiac Clearance Script – 4/20/10; Rehab Inst. FCE report – 3/2/10; MD X-ray report – 2/23/10; and MD, PLLC Office Notes – 5/7/08-3/16/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a history of prior anterior and posterior lumbar interbody fusion involving L4, L5 and S1. He has had persistent low back and bilateral lower extremity pain and has undergone evaluation on numerous occasions by an orthopedist. A lumbar myelogram with CT in March 2010 showed pseudoarthrosis of L5/S1 and solid L4-L5 fixation. The claimant has had unremitting low back and bilateral lower extremity pain. Medications have included gabapentin, tramadol, MS contin and hydrocodone. He has been scheduled for a redo lumbosacral fusion. An echocardiogram and treadmill stress test have been ordered for preoperative clearance.

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

Official Disability Guidelines do not address cardiac testing for preoperative cardiovascular risk stratification for noncardiac surgery to correct an injury that has resulted in disability. The history and physical by Dr. dated 6/10/08 stated that the claimant had a history of coronary artery disease and Type II diabetes. However, the patient was not on any medications for either condition, which would be very unusual. There is no corroborating evidence to support that the claimant truly had or has either of these conditions throughout the medical record from that point through the current; he has since that time not been treated with medications for either condition. Thus, it cannot be determined from the medical records that the member is at an intermediate or high perioperative risk. In summary, none of the tests requested (99215, 93350, 93320, 93325, 93015, 93307, 99325, 78452, J0152, A9502) are medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)
Eagle, KA, Berger, PB, Calkins, H, et al. ACC/AHA guideline update for perioperative cardiovascular evaluation for noncardiac surgery--executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1996 Guidelines on Perioperative Cardiovascular Evaluation for Noncardiac Surgery). J Am Coll Cardiol 2002; 39:542.
Almanaseer, Y, Mukherjee, D, Kline-Rogers, EM, et al. Implementation of the ACC/AHA guidelines for preoperative cardiac risk assessment in a general medicine preoperative clinic: improving efficiency and preserving outcomes. Cardiology 2005; 103:24.
Harrison's Principles of Internal Medicine, 17th edition
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)