



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 3-30-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Office Visit 99213.

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. This reviewer has been practicing for greater than 10 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 disagrees with the previous adverse determination regarding the Office Visit 99213.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Provider and Clinic

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Provider included Medical Dispute Resolution paperwork, notification of determination 1-31-2011 and 2-24-201, request for IRO 3-8-2011, reconsideration request 2-15-2011, letter of medical necessity 1-26-2011.

Records reviewed from Clinic included office records 9-1-2009 through 10-26-2011.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX year-old male who injured his low back at work by lifting heavy objects and twisting repetitively. On XX/XX/XX he felt low back pain radiating down his left lower extremity. An MRI lumbosacral spine on XX/XX/XX showed disc protrusion at L5-S1. The patient underwent physical therapy. He underwent epidural steroid injection to the lumbar spine on 5/3/10 and 6/2/10. EMG/NCV on 2/17/10 showed mild acute irritation of bilateral L5 and S1 motor roots without acute denervation. He saw a physician at Clinic on 10/26/10 for this condition in follow-up; prior appointments were on 9/1/09, 9/11/09, 12/1/09, 1/5/10, 2/17/10, 3/16/10, 5/25/10, 6/29/10, 7/7/10, 8/3/10 and 9/7/10. He had chronic low back pain. He was diagnosed at the 10/26/10 visit with lumbar sprain/strain radiating to the left thigh and left gastrocnemius muscle. Follow-up visit was recommended in three months and skelaxin (800 mg twice daily, #60, 2 refills) was prescribed. Request is for a follow-up office visit with the same provider.

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

The requested office visit, 99213, is medically necessary. Official Disability Guidelines for Low Back Pain state the following in regard to 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." Although the patient has completed physical therapy and two epidural steroid injections (with no plans for further injections), he does have continued chronic back pain requiring chronic use of skelaxin, a muscle relaxer. Skelaxin is not a medication which would be appropriately prescribed for a one year supply of refills at a time, and the provider appropriately prescribed a 3-month supply at the last office visit. A subsequent assessment of the patient's pain and need for continuation of or adjustment in skelaxin (or change to or addition of a different agent if indicated) supports need for the planned 3-month follow-up appointment. Thus, the requested follow-up office visit, 99213, is 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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)