

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** DECEMBER 5, 2011

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed office visit 99214

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.83	99214		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 22 pages of records received to include but not limited to:

TDI letter 11.15.11; Request for an IRO forms; letters 4.12.11, 9.26.11; email from Dr. 4.8.11; Spinal Clinic preauthorization request 4.5.11, 9.20.11 and office note 10.11.10; preauthorization form 9.22.11

Requestor records- a total of 32 pages of records received to include but not limited to: Clinic notes 5.24.1996-10.11.10

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The medical records presented for review begin with a determination regarding the above noted request. It is noted that the date of injury is xx/xx/xxx and there are symptoms of chronic low back pain. As per Dr., there is no documentation to indicate acute changes, or that there is a clinical need for maintenance care.

The first progress note presented for review from Dr. notes the claimant is seen on October 11, 2010 for follow-up office visit. At that time, there had been an approximate six week history of increasing low back and left buttock pain. The requesting provider does not present any clinical data to support this request. There is no specific precipitating event. It is also noted the claimant had not been seen for a year and a half prior to this date of evaluation. The physical examination did not reveal any acute pathology. Plain radiographs noted a moderate L5/S1 and narrowing, no pars defects, and otherwise these studies were unremarkable. The assessment was a slight exacerbation from the L5/S1 level and the medication protocol was continued. The request for reconsideration is also noted and there was an inability on the part of the reviewing provider to speak with the requesting provider. As such, the repetitive offices were not endorsed.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

**RATIONALE:**

As noted in the Division mandated Official Disability Guidelines follow-up office visits can be recommended if they are determined to be medically necessary. However, there is no clinical information provided to suggest any clinical indication for any additional follow-up offices. This is a lady who went 18 months not seeing the treating physician, had some very vague pain complaints and the physical examination did not identify any particular clinical reason to explain these complaints. Therefore, based on the lack of clinical data provided and noting that the requesting provider elected not to speak with the reviewing provider; there is no clear clinical data presented to support that additional follow-up visits would be reasonably required to address the sequelae of the compensable event. There would need to be a comprehensive, competent, clinical analysis that would endorse the treatments currently being pursued.

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

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES