

SENT VIA EMAIL OR FAX ON
Jan/31/2011

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office Visit Back

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

Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics. Medical Director of Rehabilitation.

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

OD Guidelines

Spine and Rehab 7/30/10 thru 1/4/11

12/28/10 and 12/15/10

Dr. 10/4/10 and 10/5/10

MRIs 2/28/09 and 8/4/08

Therapy Center 6/4/08 thru 8/31/09

Medical Practice 6/1/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant is 6'0", and 268 pounds. He was working as a on xx//xx/xx when he stumbled while carrying parts on this shoulder. He complained of low back pain. He has had chiropractic treatment, physical therapy and ESIs and facet injections. Notes are not available documenting the response to treatment. However notes indicate he had little relief of the pain with any treatment. MRI shows a large HNP and degenerative changes at

multiple levels. On 1/22/1999 a DD awarded a 0% IR for the injury of record. He has seen Dr. for his medications. He uses SOMA, ASA and Ibuprofen. There is a request for an office visit to provide his medications. Dr. indicates the patient will need monthly visits to provide his medications. He was provided a one-month supply of the medications on 11/2/2010. The office visit requested is 99205. A 99205 code is a high complexity office visit. Per the American Medical Association this code requires a comprehensive history, a comprehensive examination and medical decision making of high complexity. Physicians typically spend 60 minutes of face-to-face contact with the patient and/or family.

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

The request for an office visit, 99205, for the purpose of providing a prescription for SOMA, ASA and Ibuprofen is not supported by the medical documentation. This is an injury from xxxx. The use of a muscle relaxant is not indicated in a chronic condition of the spine as recommend by the guideline. Aspirin and Ibuprofen are both obtained over the counter and do not require a visit to a physician and a prescription. The level of office visits, 99205, which is complex, is not supported by the documentation

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)