

## Notice of Independent Review Decision

**DATE OF REVIEW:**

07/12/2011

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

10/25/2010 and 11/08/2010 office visits for Pain Management

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**The requested 10/25/2010 and 11/08/2010 office visits for Pain Management are not medically necessary.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 06/15/11 MCMC Referral
- 06/14/11 Notice To MCMC, LLC Of Case Assignment, DWC
- 06/14/11 letter from DWC
- 06/14/11 Notice To Utilization Review Agent Of Assignment, DWC
- 06/10/11 Confirmation Of Receipt Of A Request For A Review, DWC
- 06/06/11 Request For A Review By An Independent Review Organization
- 11/08/10, 11/29/10, 04/25/11 Review Analysis,
- 09/07/10 Peer Review M.D., Systems
- 07/29/10 Record Review report, M.D.
- Note: Carrier did not supply ODG Guidelines.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male with date of injury xx/xx. He had two back surgeries and failed a spinal cord stimulator (SCS) and intrathecal (IT) pump. He has been on opiates for years and was on OxyContin 60mg three times daily and oxy IR (oxycodone) 10mg every six hours in 10/2010. He was seen on 10/11/2010 and given a prescription for a thirty day supply but was instructed to return in two weeks. For an unknown reason he was seen back on 10/25/2010.



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

The injured individual had been seen on 10/11/2010 and given a prescription for opiates to last a month each. There was no new injury, trauma, injection, or medication refill needed to support the office visit of 10/25/2010 in this chronic pain injured individual. The 10/11/2010 note instructed him to return in two weeks for no documented reason.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

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.