

SENT VIA EMAIL OR FAX ON
Jul/14/2011

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Office Visits 99213 from 9/16/10 and 1/27/11

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD board certified anesthesiology/pain management

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

1. Progress notes Dr.
2. Procedure notes lumbar rhizotomy left L1, L2 and L3 05/31/11
3. Procedure note rhizotomy right L1, L2 and L3 05/09/11
4. Procedure notes lumbar transforaminal epidural steroid injections L4-5 04/18/11, 04/04/11, 03/14/11, 12/23/10
5. Procedure note lumbar facet injection bilateral L3-4 L4-5 03/21/11
6. Procedure note lumbar facet injection bilateral L4-5 and L5-S1 and right SI joint injection 01/07/11
7. Procedure note right SI joint injection 02/21/11
8. EMG/NCV 11/30/10
9. Initial review analysis date of service 09/16/10
10. Initial review analysis date of service 01/27/11
11. Reconsideration review analysis dated of service 09/16/10, 01/27/11
12. Peer/records review Dr. 07/29/10
13. Peer review clarification Dr. 09/07/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was injured while reaching and twisting for xx and injured his low back. The injured employee is status post lumbar surgery x 2 including L4-S1 fusion. She complains of low back pain and right leg pain. The patient was seen on 09/16/10 by Dr. with lumbar pain that radiates into right buttocks, posterior thigh, and posterior calf. Active medications were listed as Toradol, Oxycontin, Cymbalta, Norco, Ibuprofen, and Lyrica. Physical examination reported the patient to be 5'10" tall and 204 lbs. No orthopedic exam was done on this date. No x-rays were performed. Impression was status post fusion of lumbar spine and chronic low back pain with radiculopathy. It was noted that the injured employee currently has prescription from pain management doctor, and since he has gotten prescriptions from Dr. office and pain management doctor, Dr. is not going to give him any medications. The patient was seen in follow-up by Dr. on 01/27/11. Surgical history noted lumbar fusion 2004, 2003, spinal cord stimulator, and pain pump. Medications were listed as Oxycontin, Baclofen, Cymbalta, Norco, and Lyrica. It was noted the injured employee was concerned that the doctor stated he was showing drug seeking traits. Dr. noted in his dictation that the injured employee has a chronic radiculopathy that needs medical or pain management treatment. It was noted the injured employee was scheduled to have evaluation for spinal cord stimulator. The injured employee has been treated with multiple injections including epidural steroid injections, facet injections, as well as lumbar facet rhizotomy.

Records reflect that review analysis determined office visits date of service 09/16/10 and 01/27/11 were not medically necessary. Per review analysis it was noted that review was based on findings of review organization.

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

Based on the clinical information provided, the office visits of 09/16/10 and 01/27/11 were not indicated as medically necessary. The injured employee injured his low back on xx/xx/xx and subsequently underwent lumbar surgery x 2 with fusion at L4-S1. He continued to complain of low back pain radiating to right buttocks and lower extremity. The injured employee underwent multiple pain management procedures including epidural steroid injections, facet blocks, and facet rhizotomy. He continued on multiple medications. According to the records, the injured employee was obtaining medication from pain management physician, and Dr. no longer prescribed medications. There is no evidence that there was consideration of further orthopedic surgical intervention anticipated. Per records/peer review dated 07/29/10, it was noted that no further office visits were reasonable or medically necessary with the only exception being if the disease of chemical dependency and specifically opiate dependency was accepted as part of the compensable injury. Otherwise current treatment was only reinforcing disability and enabling comorbid opiate dependency. Given the clinical data presented for review, medical necessity was not established for office visits of 09/16/10 and 01/27/11.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES