

# The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

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## Notice of Independent Review Decision

**DATE OF REVIEW:**           **06/02/2011**

**IRO CASE #:**

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

Retrospective denial of office visit for date of service 01/27/11. The retrospective denial for this office visit is based on a required medical examination that was performed by M.D. The independent medical examination report done by Dr. was sent to Dr. on or about 06/07/10 for the IME performed 05/11/10.

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in pain management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies

### **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)

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.

Based on review of the documentation, it is recommended that the carrier decision for nonpayment retrospectively for the office visit be upheld

Based on the IME review performed by Dr. and review of the specific documentation from Dr., there does not appear to be any identifiable necessity for physician follow-up on a monthly basis. This is in keeping with Dr. evaluation and assessment from an IME. The rationale provided by Dr. from his IME is consistent with the ODG.

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

Records Received: 18 page fax 05/23/11 IRO request, 45 page fax 05/26/11 URA response to disputed services including administrative and medical records and 16 page fax 05/24/11 Provider response to disputed services including administrative and medical records.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

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He reported the injury. He saw Dr., a family practice physician, and was provided physical therapy. He did not have any epidural injection. MRI in 2006 showed multilevel degenerative disks at L4-5 and L5-S1 with annular tears. Dr. assessed this as an entirely normal finding in a man of his age. A discogram was performed, and this was followed by an IDET. Dr. went on to note that he had never been placed into an aggressive strengthening exercise program. He persisted on the use of medication, including narcotics. He had placement of a spinal cord stimulator and apparently was to reduce some oral medication. He was noted to be seeing Dr. for pain management on a monthly basis. Dr. noted that he had been seeing Dr. for a four-year period of time with no change.

Dr. indicated in his examination review of questions that ongoing medical treatment in relationship to physician follow-up was to be seen on a once-every-six-month period of time. He noted that he was not a candidate for any injection therapy or surgery.

Apparently based on Dr. IME recommendation, the carrier elected not to cover regular follow-up office visits with Dr. more frequently than once every six months.

The patient has also been continuing to see Dr. with records provided from 07/13/09 through 03/28/11. The visits have been on approximately a monthly basis. The spinal cord stimulator was implanted in August 2009 and reprogrammed in September 2009. Otherwise, his office visits have been primarily noting the same findings and refill of the same or similar medications. A list of the specific dates of service is attached to this report.

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

Based on review of the documentation, it is recommended that the carrier decision for nonpayment retrospectively for the office visit be upheld

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ODG.

Please see attachment for office visits with comprehensive pain management, M.D.

Please see attachment for ODG criteria.

Office Visit Documentation

Comprehensive Pain Management: MD

Date of Service	Comments
3/28/2011	Office Visit

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9/10/2010	Office Visit
7/16/2010	Office Visit
6/17/2010	Office Visit
6/7/2010	RME Letter from Dr
5/19/2010	Office Visit
4/21/2010	Office Visit
3/19/2010	Office Visit
2/18/2010	Office Visit
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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.

<b>CPT® Code</b>	<b>Name</b>	<b>Maximum Occurrences</b>
<u>99202</u>	Office/outpatient visit new	1

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- Upheld                                   (Agree)  
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He reported the injury. He saw Dr., a family practice physician, and was provided physical therapy. He did not have any epidural injection. MRI in 2006 showed multilevel degenerative disks at L4-5 and L5-S1 with annular tears. Dr. assessed this as an entirely normal finding in a man of his age. A discogram was performed, and this was followed by an IDET. Dr. went on to note that he had never been placed into an aggressive strengthening exercise program. He persisted on the use of medication, including narcotics. He had placement of a spinal cord stimulator and apparently was to reduce some oral medication. He was noted to be seeing Dr. for pain management on a monthly basis. Dr. noted that he had been seeing Dr. for a four-year period of time with no change.

Dr. indicated in his examination review of questions that ongoing medical treatment in relationship to physician follow-up was to be seen on a once-every-six-month period of time. He noted that he was not a candidate for any injection therapy or surgery.

Apparently based on Dr. IME recommendation, the carrier elected not to cover regular follow-up office visits with Dr. more frequently than once every six months.

The patient has also been continuing to see Dr. with records provided from 07/13/09 through 03/28/11. The visits have been on approximately a monthly basis. The spinal cord stimulator was implanted in August 2009 and reprogrammed in September 2009. Otherwise, his office visits have been primarily noting the same findings and refill of the same or similar medications. A list of the specific dates of service is attached to this report.

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

Based on review of the documentation, it is recommended that the carrier decision for nonpayment retrospectively for the office visit be upheld

Based on the IME review performed by Dr. and review of the specific documentation from Dr., there does not appear to be any identifiable necessity for physician follow-up on a monthly basis. This is in keeping with Dr. evaluation and assessment from an IME. The rationale provided by Dr. from his IME is consistent with the ODG.

ODG.

Please see attachment for office visits with comprehensive pain management, M.D.

Please see attachment for ODG criteria.

Office Visit Documentation

Comprehensive Pain Management: MD

Date of Service	Comments
3/28/2011	Office Visit

# The DYLL REVIEW

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25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

2/28/2011	Office Visit
1/27/2011	Office Visit
11/30/2010	Office Visit
11/2/2010	Office Visit
10/8/2010	Office Visit
9/10/2010	Office Visit
7/16/2010	Office Visit
6/17/2010	Office Visit
6/7/2010	RME Letter from Dr
5/19/2010	Office Visit
4/21/2010	Office Visit
3/19/2010	Office Visit
2/18/2010	Office Visit
1/19/2010	Office Visit
12/22/2009	Office Visit
11/24/2009	Office Visit
10/27/2009	Office Visit
9/29/2009	Office Visit
9/15/2009	Reprogram Spinal Cord Stimulator
8/6/2009	Implant Spinal Cord Stimulator
8/3/2009	Office Visit
7/13/2009	Office Visit

## **ODG OFFICE VISIT DOCUMENTATION**

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.

<b>CPT® Code</b>	<b>Name</b>	<b>Maximum Occurrences</b>
<u>99202</u>	Office/outpatient visit new	1

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## Notice of Independent Review Decision

**DATE OF REVIEW:**           **06/02/2011**

**IRO CASE #:**

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

Retrospective denial of office visit for date of service 01/27/11. The retrospective denial for this office visit is based on a required medical examination that was performed by M.D. The independent medical examination report done by Dr. was sent to Dr. on or about 06/07/10 for the IME performed 05/11/10.

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in pain management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies

### **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)

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.

Based on review of the documentation, it is recommended that the carrier decision for nonpayment retrospectively for the office visit be upheld

Based on the IME review performed by Dr. and review of the specific documentation from Dr., there does not appear to be any identifiable necessity for physician follow-up on a monthly basis. This is in keeping with Dr. evaluation and assessment from an IME. The rationale provided by Dr. from his IME is consistent with the ODG.

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

Records Received: 18 page fax 05/23/11 IRO request, 45 page fax 05/26/11 URA response to disputed services including administrative and medical records and 16 page fax 05/24/11 Provider response to disputed services including administrative and medical records.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

# The DYLL REVIEW

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According to Dr., the patient sustained an injury XX/XX/XX. He had been seen by Dr. in XXXX. He was noted to be XX years old. He had troubles with the lower back. It was indicated he was working as a worker for a six-year period of time. He was supporting a 25-pound item, which was being disconnected from the wall. The item unexpectedly dropped. He had to keep it from falling. He had sharp pain in the low back. He was unable to continue working.

He reported the injury. He saw Dr., a family practice physician, and was provided physical therapy. He did not have any epidural injection. MRI in 2006 showed multilevel degenerative disks at L4-5 and L5-S1 with annular tears. Dr. assessed this as an entirely normal finding in a man of his age. A discogram was performed, and this was followed by an IDET. Dr. went on to note that he had never been placed into an aggressive strengthening exercise program. He persisted on the use of medication, including narcotics. He had placement of a spinal cord stimulator and apparently was to reduce some oral medication. He was noted to be seeing Dr. for pain management on a monthly basis. Dr. noted that he had been seeing Dr. for a four-year period of time with no change.

Dr. indicated in his examination review of questions that ongoing medical treatment in relationship to physician follow-up was to be seen on a once-every-six-month period of time. He noted that he was not a candidate for any injection therapy or surgery.

Apparently based on Dr. IME recommendation, the carrier elected not to cover regular follow-up office visits with Dr. more frequently than once every six months.

The patient has also been continuing to see Dr. with records provided from 07/13/09 through 03/28/11. The visits have been on approximately a monthly basis. The spinal cord stimulator was implanted in August 2009 and reprogrammed in September 2009. Otherwise, his office visits have been primarily noting the same findings and refill of the same or similar medications. A list of the specific dates of service is attached to this report.

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<b>CPT® Code</b>	<b>Name</b>	<b>Maximum Occurrences</b>
<u>99202</u>	Office/outpatient visit new	1

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<u>99203</u>	Office/outpatient visit new	
<u>99204</u>	Office/outpatient visit new	
<u>99212</u>	Office/outpatient visit est.	6
<u>99213</u>	Office/outpatient visit est.	
<u>99243</u>	Office consult, mod complexity	1
<u>99244</u>	Office consult, mod complexity	
<u>97140</u>	Manual therapy	6*

## **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 KNOWLEDGBASE
- 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)