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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: June/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Injury Date	Review Type	Date	CPT	Description of Service
	Retrospective	1/19/2011	G0434	Drug screen multi drug class
	Retrospective	1/19/2011	99213	office outpatient E&M establish low to moderate 15 minutes
	Retrospective	1/19/2011	96372	therapeutic or THER/PROPY/DIAG injection, subcutaneous IM
	Retrospective	1/19/2011	J1885 x 2	Injection Ketorolac Tromethamine 15mg
	Retrospective	1/19/2011	J2360	Injection Orphenadrine citrate to 80mg

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

MD, Board Certified in Anesthesiology and 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)

Injury Date	Review Type	Date	CPT	DOS	Upheld/Overturned
	Retrospective	1/19/2011	G0434	Drug screen multi drug class	Overturned
	Retrospective	1/19/2011	99213	office outpatient E&M establish low to moderate 15 minutes	Overturned
	Retrospective	1/19/2011	96372	therapeutic or THER/PROPY/DIAG injection, subcutaneous IM	Upheld
	Retrospective	1/19/2011	J1885 x 2	Injection Ketorolac Tromethamine 15mg	Upheld
	Retrospective	1/19/2011	J2360	Injection Orphenadrine citrate to 80mg	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Medical examination dated 05/12/10

Clinical records Dr. dated 06/26/09 through 01/19/11

Procedure report lumbar epidural steroid injections dated 07/08/10

Urine drug screen dated 01/19/11

Request for reconsideration dated 03/15/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a XX year-old female who is reported to have sustained work related injuries on XX/XX/XX. It's reported on the date of injury she was employed by an agency. She was reported to have been loading a bucket and tripped over a curb subsequently sustaining injuries to her knees, hips and back. She has undergone radiographs of the knees, hips and lumbar and thoracic spines, which were negative. MRI of the lumbar spine was performed on 01/20/05 and unremarkable. She subsequently came under the care of Dr.. She is reported to have undergone trigger point injections on 06/13/05. On 08/08/05 she underwent epidural injection. She was later seen by Dr. and is reported to have undergone electrodiagnostic studies, which were positive for radiculopathy. She later underwent lumbar discography indicating annular tears at L3-4 and L4-5. She later underwent IDET. She is reported to have significant low back pain and left hip pain. Prior to IDET it went down to her right foot and left knee. She is reported to be pending facet injections. On physical examination she is X'X" tall, weighs XXXX pounds. There were no surgical scars. Her gait was cautious. She was able to walk on her heels and toes without difficulty. Romberg's test was negative. There is no tenderness or palpable muscle spasm. There is some decreased sensation to pin prick and light touch in the medial and lateral aspects of both feet. She complains of severe pain with light pressure over the lumbar area. Lumbar range of motion is reduced. Motor strength is limited secondary to pain. She is positive on five of eight Waddell's signs for symptom magnification. She was recommended to be weaned from Lyrica and Skelaxin. Dr. clinical notes indicate that the injured employee complains of pain in the lower back, right hip. She reports having excruciating pain during bowel movements. Her medication profile on 06/26/09 included Oxycodone 5mg, oxycontin 20mg. The injured employee is noted to be status post gastric bypass. Records indicate that the injured employee was followed on a monthly basis by Dr. for medication refills. On 10/29/09 she's is status post gastric bypass and reported to have lost 100 pounds without reduction in her pain levels. Records indicate that the injured employee periodically received injections of Toradol. The clinical records indicate no significant changes in the injured employee's status. On 01/19/11 the injured employee was seen in follow up by Dr.. Compared to her previous visit her pain is improved. Severity is graded as 5/10. She is aggravated by walking and movement. She denies abusing her medications. She is noted to have been selected for drug screen. Over the last 24 hours she has been on Hydrocodone elixir and Lyrica. This is reported to be positive for opiates which is appropriate. She received intramuscular injections. The records include a request for reconsideration regarding the denied services.

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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be partially overturned. Based upon the submitted clinical records, the drug screen multi drug class and office outpatient E&M establish low to moderate 15 minutes are medically necessary. Noting that the injured employee is a chronic pain management patient a urine drug screen is required under current evidence based guidelines and pain management guidelines to validate that there is appropriate use of prescribed controlled medications. The office visit was required for follow up and to assess the injured employee's progress under the current treatment plan.

There is no data contained in the clinical notes to substantiate the medical necessity for the performance of Ketorolac 15mg injection and Orphenadrine injection. The reviewer finds that services to include: therapeutic or THER/PROPY/DIAG injection, subcutaneous IM, Injection Ketorolac Tromethamine 15mg and Injection Orphenadrine citrate to 80mg are not medically necessary.

Based upon the available data the previous denials are partially overturned as outlined in the chart below:

Injury Date	Review Type	Date	CPT	DOS	Upheld/Overturned
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	Retrospective	1/19/2011	J2360	Injection Orphenadrine citrate to 80mg	Upheld

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 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)