

Notice of Independent Review Decision

November 28, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

99213 modifier 25, Office/Outpatient Visit. Est 1 unit: 96372 Therapeutic IM Injection, 1 unit: J1885 Ketorolac Tromethamine Injection, 4 units: J2360 Orphenadrine Injection, 1 unit

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. The physician is certified in pain management. The physician is a member of the Texas Medical Board. The physician has a private practice of Physical Medicine & Rehabilitation, Electro Diagnostic Medicine & Pain Management in Texas. The physician has published in medical journals. The physician 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 medical necessity exists for each of the health care services in dispute.

The reviewer finds that the previous adverse determination should be upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Received: 1 document received totaling 19 pages via fax 11/08/12 Texas Department of Insurance IRO request and Letter of authorization, 4 documents

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totaling 599 pages received via fax 11/12/12 URA response to disputed services including administrative and medical records. 1 document totaling 4 pages received via fax 11/27/12 Provider response to disputed services including administrative and medical records. Dates of documents range from 07/16/12 to 11/08/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

For date of service in question; 7/16/2012

Progress Note

Date: 07/16/2012

Subjective:

CC:

1. Neck pain.

HPI:

The patient comes in today for a follow-up visit for neck pain. The patient is complaining of pain

located in the neck with bilateral arm pain. The pain is described as stabbing, burning. The severity of the pain is 10/10 average. The pain is associated with numbness. The pain is improved by lying

down. Patient denies using the narcotics for anything other than pain relief.

Radiological findings Include

5/24/12 XRAY CERVICAL SPINE: POST SURGICAL CHANGES.

DEGENERATIVE DISEASE AT THE C6 NERVE ROOT LEVEL

7/25/08 EMG/NCV bilateral upper extremities- within normal limits,

musculoskeletal rather than neurogenic etiology suspected MRI C-spine

Radiology Associates 11/9/07: C3-4: 4mm diameter central disc protrusion,

moderate-sized left paracentral and foramina! spur narrowing the left neural

foramen; C4-5: left paracentral bulge with spur effaces the left side of the thecal

sac and narrows the left neural foramen, moderate central spinal canal stenosis;

CS-6: 2mm diameter left paracentral disc bulge noted with intact central canal,

spinal cord and neural foramina; C6-7, C7-T1: and disc spaces of the upper

thoracic spine, Intact annulus margins are seen.

XR L-spine 7/9/07: cervical spondylosis, mostly at C4-5, CS-6 and C6-7,

foramina! intrusion seen by small uncovertebral spurs.

Medical History: Syncopal Episode, Heart disease, Fibromyalgia, Osteoporosis.

Surgical History: 9/9/08 cervical fusion with cage by, 3/6/08 CESI @ C4-5--

reduced pain by 50% , 1/10/08 CESI @ C4-5--reduced pain by 50% x 2 weeks--

then pain returned L2/09 Left Breast Biopsy , Hysterectomy , Hernia Repair, Gall

Bladder removal , c section , Appendectomy, 4/28/10 colonoscopy, 6/10 CABG x 2.

Medications: Lyrica 100 MG Capsule 1q am, 1q afternoon, and 2 hs, Nexium 40

MG Capsule Delayed Release 1tab(s) qd, Theophylline BO MG/15ML Elixir,

Amitriptyline HCl 150 MG Tablet 1tablet at bedtime

Once a day, Potassium , Lasix , Dulcolax , Vitamin D , Phenergan , Calcium + D ,

Actonel , Singulair,

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Nitroglycerin, HANDICAP PLACCARD-PERM. , Premarin, lortab 10/500 1tablet qd, Avinza 30 mg capsule 1

tab(s) qd, Am bien CR 12.5 MG Tablet Extended Release 1tablet at bedtime as needed qhs prn, Amrix 30 MG Capsule Extended Release 24 Hour 1 capsule once a day at 5 pm, Ibuprofen 800 MG 1tablet tid with meals, Medication List reviewed and reconciled with the patient

Allergies: aspirin: anaphylaxis: Allergy.

Objective;

Vitals: P02 100%, BP 151/82, RR 17, HR 97, Pain Scale 8/10.

Examination:

General appearance: Middle-aged, female, In no acute distress, alert and oriented x 3,

Heart: heart sounds are normal. Rhythm is regular. No Murmur. Lungs: clear to auscultation.

Assessment:

Assessment:

1. Chronic pain syndrome - 338.4 (Primary)
2. Postlaminectomy syndrome, cervical region- 722.81
3. Cervicalgia - 723.1
4. Cervical radiculitis - 723.4

Plan:

1. Postlaminectomy syndrome, cervical region

Referral To: Judson Somerville Reason: refer to dr somerville for continuation of care-workers camp

Procedure: Intramuscular Injection

2. Others Continue Ambien CR Tablet Extended Release, 12.5 MG, 1tablet at bedtime as needed, Orally, qhs prn, 30 day(s), 30, Refills 0 ; Continue Avinza capsule, 30 mg, 1tab(s), orally, qd, 30 day(s), 30, Refills 0 ; Continue lortab, 10/500, 1tablet, orally, qid, 30 day(s), 120, Refills 0 ; Continue Lyrica Capsule, 100 MG, Orally, 1 q am, 1q afternoon, and 2 hs, 30 day(s), 120, Refills 0 ; Continue Amrix Capsule

Extended Release 24 Hour, 30 MG, 1capsule, Orally, Once a day at 5 pm, 30 day(s), 30, Refills 0 ;

Continue Ibuprofen, 800 MG, 1tablet, orally, tid with meals, 30 day(s), 90, Refills 0

pt states that WC is not paying for the Lyrica or the nexlum; we are prescribing nexium to counteract the effects of the ibuprofen has (burning to abd).

Procedures:

consent Informed consent was obtained from the patient. Medications Us'd Toradol, 30mg, Norflex, 50mg. Medications Wasted Toradol, 30mg.

Site of injection toradol-, right buttocks, norflex-, left buttocks. Reason for injection due to increased pain.

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Procedure Codes: 96372 THER/PROPH/DIAG INJ, SC/IM, J1885 INJ
KETOROLAC TROMETHAMINE 15 MG J2360 INJ ORPHENADRINE CITRATE
TO 60 MG

Follow Up: 4 Week

Electronically signed by Mlsti Schroll , ANP

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

I am in agreement with the initial review and reconsideration review noting the use of IM injection for patient's pain status is not supported by the ANP. In the office visit in question it is noted the following:

The patient comes in today for a follow-up visit for neck pain. The patient is complaining of pain located in the neck with bilateral arm pain. The pain is described as stabbing, burning. The severity of the pain is 10/10 average. The pain is associated with numbness. The pain is improved by lying down. Patient denies using the narcotics for anything other than pain relief.

Patient's presenting symptoms are not consistent with the examination later in the report stating:

General appearance: Middle-aged, female, In no acute distress, alert and oriented x 3,

ODG Office Visits

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

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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,

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 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**

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- 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)