

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 12, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CPT Code – 99213, ICD-9 Code 3384- 1.00 units denied based on findings of the review organization. DOS 12-20-2011 to 12-20-2011

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

This case was reviewed by a Physician licensed in Texas since 1992 who holds a certification by the American Board of Anesthesiology with sub-certifications in Pain Medicine.

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

Type of Document Received	Date(s) of Record
Request for review by IRO for the denied service(s) CPT Code – 99213, ICD-9 Code 3384	02/23/2012
A letter for request for reconsideration from Comprehensive Pain Management, PA	01/26/2012
A progress note from, NP	12/20/2011
Health Insurance Claim Form	02/27/2012
Claims Mail Log	02/23/2012
A note from, M.D.	04/14/2010
A letter from, M.D.	09/06/2011
A letter from Coventry Health Care	08/10/2011
A DWC form -022	
A Medical Release Form	09/06/2011
A History and Physical report from Dr.	09/06/2011

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The examinee was struck in his lower back with metal bands at work and since then complained of pain in his lower back. He was diagnosed with sprain/strain of lower back and was released to return to work. He subsequently had MRI done that showed HNP at L5-S1. He was treated with chiropractic treatment and ESIs with somewhat relief. He then underwent spinal fusion surgery at L5-S1 and one week later had hardware changed. He then had stimulator implanted in 2001. He continued the conservative treatment of ESI and medications. He continued to see Dr. till November 2003 and continued medications including OxyContin, Zanaflex and Hydrocodone. The examinee continued to complain of low back pain with radiating pain to his lower extremity. He was treated with physical therapy and work hardening program after surgeries. He then saw pain management specialist, Dr., in 2005 and 2006, who treated him with ESI and oral medications such as OxyContin, Lortab and Ibuprofen. He continued the pain program in 2008 with Dr. and was taking OxyContin, Ibuprofen, and Neurontin. He had peer review done in 2008 by Dr. and was diagnosed with failed back syndrome. In May 2009, Dr. stopped Ibuprofen and Neurontin but later the examinee restarted these medications and was taking multiple medications including OxyContin, Relistor, Tricor, Amitriptyline, Ibuprofen, fiber, Neurontin, Glyburide, and Diovan. Dr. did an ortho evaluation in September 2011 and stated that he should continue taking OxyContin and Ibuprofen as needed and discontinue other therapeutic measures. The last note provided in the records was a progress noted dated 12/20/2011 from, NP who noted that he was taking medications such as OxyContin 40 mg, Glyburide-Metformin, Crestor, Aspirin 81 mg, Synthroid, Trilipix, Diovan, Vitamin D3, Flexeril 10 mg, Prilosec, and Januvia.

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

ODG guidelines for follow-up of chronic opioid administration range from intervals of 1.5 to 2 months trial, up to every 6 months for patients who are managed with opioids. There is no documentation of when the previous follow-up office visit occurred; therefore this office visit appears to be of reasonable medical necessity to monitor the opioid treatment.

5) Recommended Frequency of Visits While in the Trial Phase (first 6 months):

- (a) Every 2 weeks for the first 2 to 4 months
- (b) Then at approximate 1 ½ to 2-month intervals

Note: According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. ([California, 1994](#)).

Additionally the treating physician has appropriately documented increased functionality of the patient in being able to attend school (and graduate) resulting from the use of oxycontin as required per The ODG guideline

- 7) When to Continue Opioids
(a) If the patient has returned to work
(b) If the patient has improved functioning and pain

**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
- 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)