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Notice of Independent Review Decision

Date notice sent to all parties:

July 29, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed ex reconsideration request receipt date: 06/24/2013

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

Board Certified Anesthesiologist; Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Clinical notes 10/22/11-03/15/13
MRI right knee 11/16/10
MRI lumbar spine 11/16/10
X-ray lumbar spine 01/04/11
X-ray cervical spine 01/04/11
X-ray right knee 01/04/11

MRI cervical spine 03/08/11
Electrodiagnostic studies 09/16/11
Work hardening program 12/21/11
Previous utilization reviews 06/14/13 and 06/27/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his several sites. RME dated 10/22/11 detailed the patient stating that the initial injury occurred when his foot slipped while climbing into the cab of a truck and he ended up falling backwards to the ground. The patient stated that he had struck his right knee and injuring his low back and neck. The patient reached maximum medical improvement at that time. Clinical note dated 11/20/11 detailed the patient previously undergoing two cervical epidural steroid injections. Work hardening program dated 12/21/11 detailed the patient having significant mismatch in his physical demand level where his physical demand level was at light medium however his occupation required heavy physical demand level. Clinical note dated 01/31/12 detailed the patient continuing with complaints of low back pain. The patient had difficulty rising from a seated position and was utilizing a cane for ambulatory assistance. Clinical note dated 12/26/12 detailed the patient utilizing Lyrica for ongoing pain relief and Norco. Clinical note dated 01/17/13 detailed the patient with a mild decrease in sensation at the L5-S1 distribution. Clinical note dated 03/15/13 detailed the patient continuing with the use of Cymbalta, Norco, and Lyrica for pain relief. Previous utilization review dated 06/14/13 for an additional office visit resulted in denial as the patient was previously determined to be at maximum medical improvement with no further formal treatments recommended. Previous utilization review dated 06/27/13 for an additional office visit resulted in a denial as no information was submitted regarding the need for additional care.

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

Clinical documentation submitted for review notes the patient complaining of pain at several sites most notably the neck and back. Office visit for evaluation and management of an established patient requiring at least two of the three key components? The clinical documentation submitted for review notes the patient complaining of low back pain. Continued office visits would be indicated provided that the patient meets specific criteria, including the need for ongoing monitoring of symptomology and medication regimen. No information was submitted regarding the need for ongoing monitoring of the symptoms. Additionally, it is unclear if the patient requires additional monitoring of the medication regimen. Given that no information was submitted for the need for ongoing office visits this request is not indicated as medically necessary. As such it is the opinion of this reviewer that the request for ongoing office visits is not recommended as medically necessary.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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 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, for example Chiropractic manipulation and Physical/Occupational therapy.