



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 03/01/13

IRO CASE #:

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

Texas-licensed M.D., board certified in Physical Medicine and Rehabilitation

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office visits and prescriptions for the period of 03/20/12 through 01/23/13.

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)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
722.10	99213		Retro.	1	01/03/13		10/17/00	01178471	Upheld
722.10	99213		Retro.	1	11/29/12		10/17/00	01178471	Upheld
722.10	99213		Retro	1	10/25/12		10/17/00	01178471	Upheld
722.10			Retro	120	03/20/12		10/17/00	01178471	Upheld
722.10	99213		Retro	1	07/17/12		10/17/00	01178471	Upheld
722.10			Retro	120	03/20/12		10/17/00	01178471	Upheld
722.10	99213		Retro	1	08/21/12		10/17/00	01178471	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Explanations of benefits:
 - DOS 01/03/2013 office/outpatient visit
 - DOS 11/29/2012 office/outpatient visit
 - DOS 10/25/2012 office/outpatient visit
 - DOS 08/21/2012 established E/M office visit
 - DOS 07/17/2012 established E/M office visit
 - DOS 03/20/2012 Hydrocodone/acetaminophen tabs
 - Carisoprodol tabs
3. Medical Timeline 02/13/12.
4. Review of Medical Records 02/10/12.
5. Treating doctor's office visits documentation 07/17/12 – 01/03/13.
6. Comprehensive Pharmacy Review 12/28/12.

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PATIENT CLINICAL HISTORY (SUMMARY):

The patient was involved in a work-related motor vehicle accident on xxxxx. According to the medical timeline, he was initially treated in the emergency room, with tenderness noted in the cervical and lower back region. The impression was cervical facet syndrome, lumbar segmental dysfunction, sciatica, and posttraumatic headaches. The patient has been under a variety of treatments including chiropractic care, medical care, therapy, and more recently a continuation of office visits continuing the patient on medications. Medications have primarily continued in the form of hydrocodone and Soma.

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

A preauthorization medical review of office visits and prescription medication was reviewed. This, along with additional information provided as listed above, does not support the continuation of medication prescriptions and office visits.

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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 .