MAXIMUS

August 18, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-3027-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
------ Case #: 5348

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in internal medicine and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on ------. The patient reported that while at work she fell injuring her left ankle, left knee and back. The diagnoses for this patient have included displacement, lumbar disc without myelopathy, ankle sprain/strain, facet syndrome, and pain-ankle/foot. Treatment for this patient's condition has included physical therapy, chiropractic treatment, work hardening, TENS unit, ultrasound and a series of three lumbar epidural steroid injections. On 4/1/04 and 4/7/04 the patient underwent a lumbar facet rhizotomy.

Requested Services

Analysis of information data stored (99090) and prolonged E/M service (99358-52) on 9/22/03, 11/17/03, 12/8/03, and 12/31/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Designated Doctor Evaluation 6/23/04
2. MRI reports 6/30/03
3. CT report 8/1/03
4. Chart Notes 6/03 – 6/04
5. Chart note 12/31/03
6. Patient Face Sheet 12/31/03
7. Questionnaire 12/8/03

Documents Submitted by Respondent:

1. SOAP/Chart notes 7/7/03 – 6/04

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer explained that the documentation provided did not contain information or records to support the charge or billing for CPT code 99090 and/or 99358 for dates of service 9/22/03 and 11/17/03. The MAXIMUS physician reviewer indicated that on 12/8/03 the patient filled out a questionnaire. The MAXIMUS physician reviewer explained that this is not a billable service. The MAXIMUS physician reviewer noted that the services billed on 12/31/03 were for the review of a consultant's report. The MAXIMUS physician reviewer explained that this is not a billable E/M service under 99358. The MAXIMUS physician reviewer also explained that 99358 is a code for "prolonged evaluation and management service before and/or after direct (face to face) patient care (e.g., review of extensive records and tests, communication with other professionals and/or the patient/family)." The MAXIMUS physician reviewer further explained that a review of a one and a half page report does not qualify as a prolonged evaluation. The MAXIMUS physician reviewer indicated that code 99090 is used for the "analysis of clinical data stored in computers (e.g., ECGs, blood pressure, hematologic data)." The MAXIMUS physician reviewer explained that the records provided do not indicate such analysis. Therefore, the MAXIMUS physician consultant concluded that the analysis of information data stored (99090) and prolonged E/M service (99358-52) on 9/22/03, 11/17/03, 12/8/03, and 12/31/03 were not medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department