

Introduction

This guide provides AllMed's Peer Specialists with an overview of our medical review standards and with instructions for completing each medical review. It is primarily meant to be used as an introduction and also as a reference tool. [Appendix A](#) is comprised of guidelines for maintaining the privacy and security of confidential personal health information. [Appendix B](#) is a sample review.

Review Elements

Each review consists of the following elements (in order):

- **Materials Reviewed:** Every reviewed document is listed here and then bulleted after the review is completed. Oftentimes, AllMed's in-house clinicians list the Materials Reviewed prior to sending the case out to a peer specialty reviewer so as to simplify and expedite the review process for the peer reviewers. Of course, reviewers can choose to write their own Materials Reviewed. Please see Appendix B for more details regarding the formatting of this section.
- **Summary of Clinical Course:** The Summary of Clinical Course is a narrative that summarizes the patient's clinical course to date and addresses the following pertinent elements:
 - The patient's complaints (past medical history).
 - The patient's current condition.
 - Relevant comorbidities such as obesity, tobacco abuse and so on.
 - Prior conservative treatments (per the community standards).
 - Pertinent exam findings.
 - Imaging and laboratory results.
 - The treatments and procedures that the patient has received to date.

The Summary, as noted above, should be in the form of a narrative, except for those reviews concerning pre-existing conditions, in which case, the Summary should be in the form of a chronology. In any event, the summary should be written in the past tense. One exception to this rule is the case of documents; this can be written in the present or past tense: "The MRI report of 11/11/11 states..."

- **Response to Referral Questions:** Our clients are trained to provide specific single-variable questions. The responses to these questions should, therefore, be composed of yes/no answers and should only address the specific question that was asked. It is preferable that you incorporate your yes/no response into a full sentence, in other words, "No. The full hip replacement is not medically necessary."
- **Rationale / Source of Determination:** The Rationale should delineate the reviewer's thought process in arriving at the determination and should specify which materials support the determination and which do not. Summary statements that specify that the determination is based on the reviewer's experience and the relevant guidelines are not required since all determinations must be evidence-based.
- **References: Reviewers should include a minimum of two pertinent references to support their determinations.** Appropriate references include peer-reviewed journal articles, textbooks, specialty society position papers, online resources such as PLOS and *UpToDate* and published guidelines such as the Official Disability Guidelines or the NCCN Guidelines. Informal websites such as WebMd or Google Health are not peer-reviewed and, thus, are not appropriate references. Reviewers are also discouraged from pasting journal abstracts into the body of the review. Furthermore, any quotations from referenced materials must be properly cited and attributed. Pasting large sections of referenced materials without proper citation constitutes plagiarism.

Review Procedure

Once the reviewer has accepted the offer of a case, it is recommended that he/she proceed as follows:

1. **Conflicts of Interest:** Reviewers should review the provider's and patient's information so as to check for conflicts of interest. If a reviewer identifies a conflict of interest, he/she should notify AllMed so that the case can be redirected to another reviewer.
2. **Turnaround Time:** Upon receiving a request for Peer Specialty Review from AllMed, please note the requested return date and time. If you are not able to complete the case review by the requested time, please contact AllMed immediately so we can redirect the case to another peer specialist. It is of utmost importance that we meet our clients' requested turnaround times, which are, in most cases, directly tied to state regulatory deadlines; missing these deadlines can have significant financial consequence for our clients.
3. **Referral Questions: Reviewers should read the questions carefully prior to starting the case so as to know what to look for in the case materials.** Sometimes, the questions are relatively straightforward, such as "Is the lumbar fusion medically necessary?" Other times, the question might refer to the plan language, such as "According to the plan language, is the lumbar fusion medically necessary?" AllMed asks that reviewers pay special attention to the nuances of the question, especially with regard to plan language definitions and exclusions. In those rare cases in which the question is a compound question (that is, two or more questions bundled into one question), reviewers should endeavor to split the questions up and to answer each one individually.
4. **Health Benefits Plan Language:** Prior to sending the case out to a reviewer, AllMed's in-house clinicians cull the case materials, thereby removing duplicates and irrelevant records, and add the germane plan language to the culled case file. AllMed kindly asks that reviewers read the pertinent plan documents prior to reviewing the patient's medical records and pay special attention to the plan language definitions and exclusions. AllMed always provides the full set of medical documentation in addition to the culled set. In the event you feel some piece of information is missing, we encourage the reviewer to refer to the full documentation set to search for it.
5. **Medical Records:** The reviewer should then read through the case materials and ensure that there is adequate information to render a determination. If the information is insufficient or if there is missing documentation, the reviewer should make note of this in the Summary of Clinical Course and the Response to the Referral Question by stating that the medical necessity cannot be established, rather than determined. In those relatively infrequent occasions when the questions refer to a document or procedure that is not among the case materials, the reviewer should notify AllMed so that we can contact the plan and obtain the necessary document(s).
6. **Answer the Questions:** As noted above, the responses to these questions should comprise of yes/no answers and should only address the specific question that was asked. Unless the review is especially complex, the rationale for the response should be written in the Rationale section and not in the responses themselves.
7. **Rationale:** As noted above, the Rationale should be comprised of the reviewer's thought process in arriving at the determination and should specify which materials support the determination. Reviewers are discouraged from pasting large sections of references into the text.
8. **References:** The reviewer should provide at least two pertinent references. Please see the References section above for more detail on appropriate references.
9. **Addenda:** In those cases where a reviewer specifically disagrees with the plan language, this objection is detailed and explained in an Addendum section at the bottom of the review. Likewise, any Patient Safety Issues that are identified are detailed in an addendum at the bottom of the review. **A Patient Safety Issue is defined as an imminent risk of an adverse event due to the patient's current care or treatment plan.** There is a check-box at the bottom of the draft tab where reviewers can make note of Patient Safety Issues.

Medical Review Standards Guide: for AllMed's Specialist Peer Reviewers

Formatting

AllMed has staff that edits and formats the final review document so that reviewers do not have to spend time working on these issues. In general, please leave the formatting to us. We do, however, ask a few things in terms of formatting:

- Please do not write your reviews in all capital letters, since the review has to be completely rewritten by our staff.
- Please also avoid using italics in the body of the review. Italics are reserved for the questions. If the reviewer wants to emphasize something, it should be in bold.
- Reviewers are encouraged to use standard medical abbreviations and acronyms. It is helpful, but not necessary, if specialty-specific abbreviations are spelled out the first time they appear.

AllMed recommends that our peer specialist reviewers use two computer screens in tandem so that they can work on the review in one screen while the case materials are open in the other.

Evidence-Based Determinations vs. Opinions

Subjectivity in medical review determinations can lead to conflicts for our clients. Therefore, AllMed's peer specialist reviewers must avoid resorting to opinions. The reviewers must answer the questions as asked and should not make editorial comments. Only in the absence of consistent guidelines or in the presence of conflicting guidelines should expert opinion be considered definitive.

Inflammatory Statements

Reviewers are strongly discouraged from writing inflammatory statements that are directed at either the attending physician(s) or the health plan. For example, instead of writing that an attending physician is committing fraud, which implies both knowledge and intent, reviewers should write "The billing in this case is inappropriate" or "The physician's thought process is unclear". Likewise, statements that deride guidelines as being out of date are discouraged; rather, the evidenced-based medicine that is in direct conflict with the guidelines in question should be stated. **Most importantly, reviewers should never refer to another health plan's policies in their review.**

Availability

Please make sure to update and maintain your Availability Calendar by calling or emailing AllMed or by logging onto Peer-Point and updating it directly. In particular, please note any vacations or other periods of time that you will not be available.

AllMed also asks that its peer specialist reviewers provide us with a working e-mail address that they regularly check or a cell-phone number. In rare instances, AllMed may need to contact peers if there is a rush case that needs to go out or if a case is due back shortly. AllMed avoids using this contact information unless absolutely necessary.

Confidentiality & Security

In the course of performing reviews for AllMed, you will receive case materials that contain personal health information (PHI), which is strictly protected under HIPAA. It is your responsibility to take proactive steps to protect this information from disclosure to any unauthorized party. Please see Appendix A, which covers both printed and electronic materials.

Quality Improvement

Our goal is to work closely with our Peer Specialists to continuously improve the quality of our services for our clients. If you have any suggestions or comments, please feel free to contact us any time. Likewise, AllMed periodically contacts reviewers to provide constructive criticism and feedback, with the goal of improving the quality of our reviews. Thank you for your time and effort.

Guidelines for Maintaining Privacy & Security

AllMed requires that peer specialty reviewers adhere to strict confidentiality and security practices. AllMed does not authorize any reviewer to store review determinations on local computers or portable devices beyond the time that AllMed receives the determination. In an effort to assist you in the overall security of your office, we have provided the following guidelines for electronic security.

Maintain Patient Confidentiality on Review Drafts

To ensure patient confidentiality and safety, only refer to patient by first initial and last name on all drafts. Do not include the patient's birthday, social security number or other identifiers in the review. Instead, refer to the hospital or the doctor, with initials.

Ensure Computing Devices Are Physically Secured

When you are away from your computer for extended periods, consider locking the room since physical access to your computer allows other methods of access to your data (for example, inserting a disk with tools for "hacking"). Lock your office doors when you leave, secure your computer with a security locking cable, or stow it in a locking cabinet or drawer.

When your computer or device is attached to a network, it is your responsibility to verify that the network has proper security protections, including firewalls, wireless encryption and VPN software, as applicable. Most corporate environments are well protected, but home computer networks often need to be upgraded with firewalls and wireless router encryption software in order to avoid unauthorized intrusion.

On any device that you use for performing medical reviews, require a password to start-up, to return from sleep and to return from a screen saver. Locking your screen minimizes the chance that a passer-by will see what you are working on. This will protect the information displayed on your screen and stored on your hard drive as well as the systems that are accessible from your computer when you walk away from the machine. Consider using a screensaver that hides the screen after 10 minutes of inactivity and requires a password to restore the display. Current versions of the Windows and Macintosh operating systems include this functionality.

Portable and personal computing devices (laptops, hand-held PDAs, and even cell phones) add another dimension to the problem of information security. Always protect a portable device with a password and configure the device to shut down (or lock in some other way) after a period of inactivity.

Personal computing devices represent a significant financial investment and may contain confidential, sensitive, and/or protected health information. Be aware of your surroundings. Do not leave laptops, handheld devices, or storage media (for example, mini USB, CD, DVD, or zip drives) unattended. Ensure the devices are securely configured. Consider registering mobile devices with a tracking and retrieval service.

Destroy Data and Dispose Of Computers Properly

Most people assume that deleting files completely removes the data. In fact, it does not and that information can still be accessed by technically savvy people. If you have a device (including PC hard drives, CDs, diskettes, USB keys or PDAs) containing ePHI that requires disposal, reuse or donation, you must have all ePHI completely removed via techniques such as zeroing, degaussing or physically smashing the device.

That way, if the device is mislaid or stolen, access to the data will be made more difficult. If possible, encrypt any sensitive

Appendix A:

Medical Review Standards Guide: for AllMed's Specialist Peer Reviewers

data that is stored on your portable device. An easy, free and downloadable encryption tool is TrueCrypt, an open-source disk encryption software for Windows Vista/XP, Mac OS X, and Linux.

Guidelines for Handling Printed Review Materials

It is equally important that you protect any written materials that are sent or printed in the course of your medical review work for AllMed. Here is a list of precautionary guidelines to follow when handling said materials:

- All printed materials should be kept in folders or boxes that are marked "confidential." Take steps to keep those materials out of reach and view of unauthorized individuals at all times.
- Case materials should be locked up in filing cabinets when not in use, even at home.
- Avoid leaving written case materials in briefcases, cars, or other locations that are susceptible to theft.
- Shred all written case materials once the review has been completed and returned to AllMed.

Appendix B: Sample Review

Medical Review Standards Guide: for AllMed's Specialist Peer Reviewers



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Independent Medical Review



To: [REDACTED] [REDACTED]

[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Type of Review:	Medical Necessity of Lumbar Fusion
Review Request:	Specialist
Revision:	02/04/2011

Physician Review:

Reviewed by a Board Certified Neurosurgeon

Materials Reviewed:

- UR case intake form
- Authorization request
- Clinic notes, Dr. J Brett Gentry
- Clinic notes, Dr. William Bodelon
- Lumbar MRI report, 11/18/10
- Operative report, 3/10/06
- IOM report, 3/10/06

Summary of Clinical Course:

The patient is a 35-year-old male who had a fusion at L_{4/5} on 3/10/06. There was no mention of the indications for this surgery or its result, except that he had back and leg symptoms when he was seen in July 2007. There was no description of the leg symptoms.

The patient presented on 1/11/11 with increased low back pain and "bilateral lower extremity symptoms" with numbness and tingling in legs. There was no mention of pain in his legs. Also, there was no specific history regarding the symptoms (such as the

Appendix B: Sample Review

Medical Review Standards Guide: for AllMed's Specialist Peer Reviewers



location, duration, provoking causes, and response to medications). There is a completely inadequate neurological examination with no sensory examination in spite of this being one of his main symptoms. The recording of motor and reflexes are meaningless. An EMG was said to show evidence of bilateral L₅/S₁ radiculopathy and also early sensory and motor polyneuropathy.

Response to Referral Question(s):

Is an extension of prior posterior lumbar fusion to L₃₋₄ medically necessary?

No. The extension of the prior posterior lumbar fusion is not medically necessary.

Rationale / Source of Determination:

The proposed operation is not deemed a medically necessary treatment given the presenting symptoms. The MRI scan shows "moderate" stenosis, a common finding in an asymptomatic individual. However, this is not an adequate explanation for his presenting symptoms, none of which are particularly suggestive of "moderate" spinal stenosis at L₃₋₄. There was also no mention of instability or symptoms that would suggest claudication or radiculopathy.

There is some suggestion that the prior fusion did not relieve symptoms and that he had persisting or recurrent symptoms at least one year after his prior surgery. There has been no trial of conservative management other than a plethora of pain medications.

References:

1. Greenberg MS. *Handbook of Neurosurgery*. 7th ed. New York, NY: Thieme; 2010.
2. Danon-Hersch N, et al. Appropriateness Criteria for Surgery Improve Clinical Outcomes in Patients With Low Back Pain and/or Sciatica. *Spine (Phila Pa 1976)*. 2010 Feb 4. [Epub ahead of print].

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February 4, 2011

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