# BCBS Justification for IDR

## Claim Information

Date of Service: 07/27/2025

HCPCS Codes (7/8/9 only): 96372, 99284, 87880, 86308

DRG Code: 552

## Patient Acuity & Complexity of Care

Here's an analysis of the provided clinical note:  
\*\*Age:\*\* 45 years old  
\*\*Date(s) of Service or Visit Timeline:\*\*  
Arrival Time: 07/27/2025 08:51  
Triage/Assessment Time (Nurse): 07/27/2025 08:51  
Provider Assessment Time: 07/27/2025 09:24  
Discharge Time: 07/27/2025 10:30 (decision 10:21)  
\*\*Presenting Symptoms:\*\*  
Chief Complaint: Neck pain (since 4 days ago)  
Description: Progressive pain, exacerbated by turning head side to side, radiating head pressure/on-off throbbing headache, severe difficulty sleeping due to pain.  
Associated Symptoms: Ear congestion ("clogged ears"), prior rhinorrhea earlier in the week, residual right leg numbness (history of sciatica a month ago).  
Pain Severity: 9/10 at presentation, reduced to 4/10 after treatment.  
\*\*How and when the patient presented:\*\*  
Mode of Arrival: Walk-in, unaccompanied, to the Emergency Center.  
Symptom Onset: 4 days prior to presentation.  
\*\*Notable clinical findings or diagnosis:\*\*  
\*\*Past Medical History:\*\* Obesity, hypertension, gastroesophageal reflux disease (GERD), anxiety, depression, sciatica/lower back pain, clavicle fracture repair (2009).  
\*\*Social History:\*\* Current everyday smoker, reports vaping. Denies alcohol/illicit drug use. Works as a service advisor.  
\*\*Initial Vitals:\*\* BP 143/100, HR 95, Temp 99.1 F, O2 Sat 96% RA. BMI 38.6.  
\*\*Physical Exam:\*\* Limited range of motion in the neck with pain. Two palpable posterior lymph nodes (or spasm) noted, tender to palpation. Left side paraspinous spasm in the back. Neurological exam otherwise normal (cranial nerves, motor strength, gait).  
\*\*Lab Results:\*\* SpotFire 15 Respiratory Panel negative, Rapid Strep negative, Monospot negative (ruling out common infectious causes).  
\*\*Treatment in ED:\*\* Administered Ketorolac 15mg IM and Orphenadrine 60mg IM, which improved pain from 9/10 to 4/10.  
\*\*Impression/Working Diagnoses:\*\* Neck Pain with Posterior Lymphadenopathy (differential included cervical disc pathology, muscle strain/spasm, cervical radiculopathy, lymphadenopathy).  
\*\*Clinical complexity level:\*\* Moderate to High (evidenced by multiple co-morbidities, a broad differential diagnosis considered, multiple diagnostic tests performed, and therapeutic interventions with reassessment).  
\*\*Acuity level:\*\* 4 (Less Urgent) per triage.  
\*\*Any relevant follow-up plans or referrals:\*\*  
Discharged to home in good, stable condition.  
Provided verbal and written discharge instructions regarding follow-up care and medications.  
Prescription: Ibuprofen 600mg, 1 tablet every 6-8 hours as needed for pain.  
Follow-up with PCP (Dr. Ojeda) within 2 days.  
Recommendation for outpatient MRI of cervical spine to evaluate for disc pathology.  
Consider biopsy of lymph nodes if persistent or enlarging.  
Continue follow-up with pain management physician (Dr. Pellborn) for sciatica/lower back pain (appointment scheduled).  
Advised to return if symptoms worsen or increase.  
Continue current medications for chronic conditions (Hypertension, GERD, Anxiety) and follow up with PCP for ongoing management.  
Recommend follow-up with PCP if ear congestion symptoms persist.