

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

DATE OF REVIEW 5/2/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

WH/WC 6/26/06-7/24/06

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

Doctor of Chiropractic

REVIEW OUTCOME

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

- | | |
|---------------------|----------------------------------|
| XUpheld | (Agree) |
| Overtured | (Disagree) |
| Partially Overtured | (Agree in part/Disagree in part) |

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Denial letter
Table of disputed services 6/26/-7/24/06
Explanation of Benefit
Report of Medical Examination 8/18/06 – Dr.
Peer Review – Dr.
Reports –
Letters of Medical Necessity and Reconsideration: 12/14/06; 7/3/06; 8/11/06; 8/16/06
Job Description –
Notes from WH/WC – Care
FCE Discharge report – 8/23/06
Report – Dr.
Employer First Report of Injury – 6/6/05
EMS Report – 6/3/05
Hospital and Diagnostic Reports
TWCC Work Status Reports
Records –Rehab

Notes – Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient injured her lower back in when she fell off the ladder. She has been treated with injections, medication, physical therapy, chiropractic care and a WH/WC program. An MRI was obtained and there were numerous medical evaluations.

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

Nothing could be found in the documentation to show any subjective or objective improvement in the patient's condition. Based on the records provided, the patient's condition had already plateaued prior to the start to the start of the program. It had been over a year since the injury occurred which was chronic and irreversible by conservative treatment. A year of conservative treatment failed to be of benefit.

The basis for a multidisciplinary WH/WH program is the completion of conservative treatment that was beneficial either subjective or objective or both and in this case neither was obtained.

As of xx/xx/xx her work simulation activities such as lifts and pulls had failed to improve and actually her weights and heights of lifts decreased during the last week of the program. During the same time period, she complained increased low back pain and muscle spasms

In the FCE report of xx/xx/xx, her low back pain disability was rated 40%; She experienced more pain and problems with sitting, lifting and standing. Travel and social life are more difficult and they may be off work as well. The patient was a janitor lifting, bending, stooping and standing all day. She failed badly on these tasks after over months of extensive treatment.

Based on the MRI, the patient had preexisting osteoporosis and degenerative changes in the lumbar spine and a compression fracture of L1 – not a favorable prognosis.

Had the patient been able to return to work, it would be probable for frequent flare-ups or re-injury to the lower back.

The patient also failed 3 of 4 entrance criteria goals. She failed to attain specific employment goal. Her injuries still prevent her from carrying out specific job duties. A home based exercise and OTC program might have been appropriate. The program failed to be beneficial to the patient.

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- OFFICIAL 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 (PROVIDE A DESCRIPTION)**