

Envoy Medical Systems, LP

DATE OF REVIEW: 3/22/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions physical therapy 97110, 91035, 97140, G0283

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

M.D. Board Certified in Physical Medicine and Rehabilitation

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)

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 letters

Medical records 12/5/06, 1/9/07, Dr.

Medical records 10/31/06 – 1/23/07, Dr.

MRI lumbar spine report 11/15/06

EMG/NCS report 12/6/06

Records 11/7/06, 12/14/06, Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured when she was bending forward to pick up trash off the floor. She bent over and twisted to the right, which caused immediate severe pain in her back, radiating to her knees. She initially was treated with physical therapy. She came under the care of her D.C.. Further physical therapy was denied. Her electrodiagnostic study was normal. She was diagnosed with L5 and S1 radiculopathy. An 11/15/06 MRI revealed a disk herniation at L4-5, with an annular tear. She was referred for a surgical spinal consultation. Spinal surgery was recommended and denied.

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

The patient injured her low back. She had signs and symptoms of low back and radicular pain, as documented by her physicians. She had an initial six sessions of physical therapy, consisting of passive therapy. It was reported that she received some initial pain relief. An MRI revealed a herniated disk at L4-5. Active physical therapy is medically necessary and appropriate conservative treatment for lumbar spine injuries and herniated disks.

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)**