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NOTICE OF INDEPENDENT REVIEW DECISION

April 3, 2007, amended 5/4/07

DATE OF REVIEW: 4/3/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Interdisciplinary pain management program 2 x week for 10 sessions

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

M.D. Board Certified in Anesthesiology and Pain Management

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. 2006 - 2007
Notes, Interdisciplinary Pain Management 2006.ter 3/15/07
ER report
Employers first report of injury
Records, Dr. 2004, 2005, 2006
Records, Dr. 2005
Radiology reports
Records, Dr. 2005. 2006
Records, Dr. 2006
Requests for continuation CPMP 12/18/06, 1/3/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female with a contusion of the left foot. Neurological evaluation was unremarkable. Effusion and bursitis were noted on MRI. Extensive chiropractic care has been provided. The patient has also been seen by an orthopedic surgeon. A multidisciplinary pain management program has been utilized. Twenty days of therapy have been completed. There has been transient improvement, but the patient's pain levels remain high.

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

There has been transient improvement in pain scores and activity levels, but overall, little lasting improvement has occurred. A home exercise program is appropriate in cases such as this..

AAPM&R Sanders, et al, 1999 "Clinical Practice guidelines for chronic non-malignant pain syndrome patients", paraphrasing : Effective outcomes can be accomplished in less than 20 days.

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) AAPM&R**