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DATE OF REVIEW: 5/31/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten (10) sessions of work hardening

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

Doctor of Chiropractic licensed in Texas

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 Letters

Reviews –Insurance, 3/2/07 and 3/29/07

MMI, IR, RTW Evaluation – Dr. 4/13/07

TWCC Work Status Reports

Review – LVN, 4/19/07

Report –LPC, County Healthcare

Request for Appeal –County Healthcare, 3/22/07

PPE – Dr. 1/18/07

Request for 10 sessions of Work Hardening, County Healthcare, 2/2/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient, who is a nurse, reportedly injured her shoulders, neck, and lower back at work while lifting a heavy patient. She has had physical therapy, nerve blocks, cervical

ESI's, medication, x-rays, an MRI and EMG, and chiropractic care. She has failed to return to work since the injury.

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

I agree with the denial of the requested services.

The patient has had an extensive course of conservative treatment without relief of symptoms and has failed to return to work. She has had cervical nerve blocks and 3 cervical ESIs with minimal temporary relief. She is taking several medications for pain and depression. Chiropractic care, once every 2 weeks for the past 10 months, has helped some.

Multiple forms of treatment have failed to return the patient to work. The records provided for this review show that her inability to cope with pain and inadequate and inappropriate treatment are the reasons she has failed to return to work. Chiropractic care and active rehabilitation should have been initiated in the acute phase of treatment.

The patient's lifestyle has resulted in physical deconditioning and loss of function. She has been offered a RTW with restriction by her employer but her treating doctor refuses to release her to work, stating that she will reinjure herself.

On a pain scale of 1 to 10, the patient states her pain as a 3 most of the time and occasionally up to a 5. The 3 is considered a mild pain that is noticed only with activity but does not stop the activity.

Failure to respond to conservative treatment is not a basis for a multi-disciplined work hardening program. This program is based on previous successful completion of conservative treatment, which in this case has failed.

The objective and subjective findings do not support a work hardening program at this time. An appropriate approach would be for the injured patient to resume normal activity and go back to work with restrictions on lifting. The patient is an R.N. with a supportive family. Returning to work with restrictions and starting a home based exercise program would be appropriate prior to consideration of a work hardening program.

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)**