

**ENVOY MEDICAL SYSTEMS, LP
1726 CRICKET HOLLOW DRIVE
AUSTIN, TX 78758**

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IRO CERTIFICATE**

NOVEMBER 5, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Trial Spinal Cord Stimulator

**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:

- X Upheld (Agree)

 Overturned (Disagree)

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

Determination Letters – Co.; 3/17/07; 8/30/07
Reconsideration Letter – 9/24/07
Post DDE Evaluation –M.D.; 9/22/06
Clinical Evaluation –M.D.; 2/8/07 – 9/14/07
Neurophysiology Lab Report - M.D.; 11/5/04
Lumbar CT Report; 10/5/05
Operative Report; 10/5/05
EMG Report 8/1/07; 10/11/06
CT Discography – Lumbar; 12/13/05
MRI Lumbar Spine without contrast; 3/5/07
Clinical Notes –M.D.; 4/14/05
Urology Report –M.D; 5/26/05

Clinical Notes – M.D.; 9/26/07; 7/12/07
Clinical Notes –DPM; 8/2/07
PT/OT Notes –Health Services; 8/9/04 –7/18/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a xx-year-old male, who in xx/xx fell off of a 35-foot billboard and impacted the ground with significant force. The fall resulted in a compound fracture of both the tibia and fibula on the right. There were multiple tarsal fractures on left and a burst fracture of the 4th lumbar vertebra. The spine was stabilized and fused. This patient has cauda equina syndrome and PTSD

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

1. I agree with the benefit company's decision to deny a trial spinal cord stimulator (SCS). The injured worker appears to be a good candidate for a SCS but per ODG guidelines, there should be a psychological screening and clearance before considering a SCS trial. There is no evidence in the records provided for this review that indicates a complete psychological evaluation has been performed. Neuropsychological testing was requested and denied by carrier. That is not a psychological evaluation. There is no reason for neuropsychological testing.

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

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**X 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)**