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Notice of Independent Review Decision

JANUARY 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3 x week for 3 weeks.

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

D.O. Board Certified 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

Table of Disputed Services
Review/Denial Letters –: 9/27/07; 10/24/07
Physician Advisor Reports – : 8/26/07; 1023/0
Physical Therapy 9/28/06 – 8/17/07
Lumbar X-ray report – 9/28/06
MRI Report 9/28/06

Report - Flexion/Extension Views of the lumbar spine 11/6/06
Report of Electrodiagnostic study – 12/4/06
Operative Report for Epidural Steroid injection – 12/4/06; 3/19/07
Medical Records- 11/6/06 – 12/5/07
Medical Report –M.D. 11/5/07
DDE –M.D. 9/17/07
ODG Guidelines

Patient Clinical History SUMMARY OF EVENTS:

This case involves a xx year-old female who reports a work related injury occurred in xx/xx. She was lifting heavy boxes when she felt the onset of low back pain radiating down the right thigh. X-rays of her lower back on xx/xx/xx revealed minimal spondylosis. The MRI on xx/xx/xx revealed a degenerated L5-S1 disc with a right protrusion suggesting nerve root displacement. It was also disc degeneration at L4-5. Repeated x-ray on 11/6/06 was also normal. Electrodiagnostic testing was interpreted as moderate L5-S1 radiculopathy on the right. The patient underwent L4-5 and L5-S1 epidural steroid injections. According the carrier the patient has had 21 sessions of physical therapy since her injury. Nine more visits of physical therapy have been requested and denied.

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

I agree with the benefit company's decision to deny the requested 9 sessions of physical therapy. The patient has already received 21 sessions of physical therapy. She should be independent in her home exercise program. There is no documentation in the medical records provided that states the medical necessity for more physical therapy. An epidural steroid injection was the plan. There was no mention of continued physical therapy and there is no documentation stating that a home exercise program would not be adequate. This decision does not diverge from the ODG Guidelines.

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 KNOWLEDGBASE

- 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 JUDGEMENT, 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)**