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Notice of Independent Review Decision

MARCH 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 Sessions Chronic Behavioral Pain Management

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

M.D. Board Certified 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)
- 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

Denial Letters – 1/11/08; 2/5/08

Request for Appeal regarding denial – 1/8/08; 1/25/08

X-ray Report – 2/28/05

Spinal Canal MRI Report – 3/25/05

Physical Therapy – FCE Report – 8/30/05

Pain Management Procedure Report, M.D. 4/3/06

Physical Performance Evaluation – 3/19/07
Examination Findings 11/7/06 –1/21/08
Clinical Notes – M.D. 8/1/05; 11/15/05
Clinical Notes, D.O. 8/25/05
History and Physical Exam Notes – M.D. 1/5/06
Clinical Notes, M.D. 3/6/07
Clinical Notes – D.O., P.A. 3/31/05 – 10/18/05
ODG Guidelines

PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:

This case involves a male with a history of low back pain secondary to a work-related injury. The patient has been treated with physical therapy, epidural steroid injection and 30 days of a pain management program.

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 10 sessions of a chronic behavioral pain management program. ACOEM guidelines, 2004, Ch 5 & 6 stress the need for diagnostic clarity and individualized time limited treatments plans with clear, functional goals as cornerstones of effective treatment.

1. There has been functional improvement – this patient can take care of his everyday needs (Goal I).
2. Medication use has changed minimally. Pain levels are unchanged. There is no specific treatment plan to accomplish this goal. (Goal II)
3. Increase physical ability: Patient can ride a bike 30 minutes per day. (Goal III)
4. Other – The patient is enrolled in a computer job program (Goal IV)

Most of the goals of the PMP have been met. There is no specific plan to meet the remaining goals, which means the ACOEM guidelines above have not been met.

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 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)**