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Notice of Independent Review Decision

MAY 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 SESSIONS OF CHRONIC PAIN MANAGEMENT PROGRAM

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

Board Certified in Anesthesiology and Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> 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
Notification of Determination –: 2/26/08; 3/27/08
Carrier Submission – Law Offices– 5/8/08
Record Review –M.D. March 14,15,16, 2008
Electrodiagnostic Results – 4/23/08
MRI – 8/10/05; 9/12/05

Quantitative Functional Evaluation – 2/17/06
Biofeedback Session Note – 1/31/06
Progress Note – PRIDE – 1/30/06
Operative Report – 9/19/05
Examination Findings –Healthcare Systems; 1/28/08; 2/8/08; 3/22/08
Pre Certification Letter & Evaluation - Healthcare Systems – 2/19/08
Clinical Notes – Orthopedic Specialists – 7/26/05
Clinical Notes –M.D. – 2/8/02 – 6/5/07
Required Medical Examination – M.D. 9/7/06
Medical Record Review –M.D.; 5/15/06; 5/20/06
ODG Guidelines

PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:

This case involves a male who sustained a work related low back injury. Numerous modalities haven utilized including 5 surgeries, physical therapy, biofeedback and 10 days of a physical medicine program. A psychological evaluation reveals significant depression and poor coping skills. No antidepressant medications are prescribed.

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 20 sessions of a chronic pain management program. Official Disability Guidelines are not met including:

#2: Previous methods have been unsuccessful and there is an absence of other options. Antidepressant medications should be utilized first before considered a pain management program.

#5: The patient exhibits motivation to change. This criterion has 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)