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Notice of Independent Review Decision

DATE OF REVIEW: 8/17/09

IRO CASE #:

Description of the Service or Services In Dispute
Work hardening additional 10 sessions

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

Physician Board certified in Neurological Surgery

REVIEW OUTCOME

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

X Upheld	(Agree)
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

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

Adverse determination letters 6/11/09, 7/7/09
Report 6/8/09, letter 6/25/09, Rehab Center
Health care Systems reports February 2009
PPE report and work hardening reports March – May 2009
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx -year-old who in xx/xx fell from a ladder, landing on a concrete floor, hitting her low back. She also had a right hand injury, that apparently has improved significantly. Diagnostic testing includes x-rays, but no reports of x-rays, MRI's or CT scans were provided for review. The patient has undergone extensive physical therapy, including a rather extensive work hardening program through Spring 2009. Discomfort and functional ability remain poor, and the patient has been unable to pursue previous work activities.

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 additional work hardening. Based on the records provided for review, there has not been a complete work up by a spine specialist, which would include MRI and flexion and extension views of the lumbar spine. Without these, there may be activities pursued in the work hardening program that would be more harmful than beneficial. These diagnostic tests might have been performed, but

nothing in the material provided indicates that that is the case, except for a review note that an MRI was negative. The date of that scan is not given. It is medically probable that the patient's continued work with restrictions would be more beneficial than work hardening.

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)**