

**Envoy Medical Systems, L.P.**  
**1726 Cricket Hollow Dr.**  
**Austin, TX 78758**

**PH: (512) 248-9020**  
**FAX: (512) 491-5145**  
**IRO Certificate #**

**DATE OF REVIEW: 6/19/09**

**IRO CASE #:**

Description of the Service or Services In Dispute  
12 visits physical therapy for the lumbar spine

**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)  
Overturned (Disagree)  
Partially Overturned (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**

determination letters, 10/23/08, 4/10/09, 5/6/09  
Notes, 2008 –6/4/2009, repost 2/18/09, Dr.  
Pain Management Reports 2008, March 2009, April 2009  
First report of injury  
DDE report 3/2/09, Dr.  
Lumbar CT Myelogram report 1/14/09  
DDE report 1/8/09, Dr.  
FCE report 4/1/08  
Electrodiagnostic testing report 3/2/08  
Bindal Neurosurgery report 8/9/07  
Lumbar MRI report 8/6/07  
ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who was injured in xx-xxxx and xx-xxxx. The first injury resulted in neck, shoulder and left hip pain, and the second injury resulted in increased lumbar spine pain with extension into both lower extremities. An MRI after the first accident suggested some minimal change at L4-5 and surgery on her lumbar spine apparently was recommended at that time, but not performed. A 1/14/09 lumbar CR myelogram showed multiple areas of pathology, suggesting an increase in difficulty at the L3-4 and L5-S1 level and continued and increased trouble at the L4-5 level with spinal stenosis

and probable nerve root compression. Surgery was recommended and on 2/18/09 and extensive lumbar decompression from L3 through S1 was performed. Post operatively the patient has done well and continues to improve. The last note provided for this review on 6/4/09 indicated the patient had been doing a home exercise program on her own that was helpful.

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

I agree with the denial of more extensive physical therapy. According to her surgeon the patient is showing distinct improvement on a home exercise program. There is a history of a 190 lumbar fusion. Additional therapy stands a reasonable chance of interfering with the good progress the patient is showing at the present time.

**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)