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IRO Certificate #

Notice of Independent Review Decision

DATE OF REVIEW: 3/12/09

IRO CASE #:

Description of the Service or Services In Dispute
Work hardening program

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

Board Certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

Upheld (Agree)
X 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

Adverse determination letters
Medical record review 1/21/09 Dr.
Preauthorization request
Chart note 1/15/09, Dr.
Consult report 1/8/09 Dr.
ERGOS summary report 1/8/09
Behavioral assessment of pain 1/8/09
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient reported an injury in xxxx. She slipped and fell backward, landing in a seated position. She complained of pain in the low back radiating down the right leg. MRI revealed an L5-S1 disk herniation. The patient has been treated with epidural steroid injections, facet injections and medial branch blocks. She has also undergone physical therapy and completed a work hardening program in March 2007. After the work hardening program the patient was unable to return to work due to increased pain. Since the work hardening program, she

has undergone another epidural steroid injection, facet blocks and medial branch blocks. The patient has said that she does not want surgery. An FCE found the patient to be functioning at a light physical demand level. A medium physical demand level is required by her employer to function as a lead cook or cook assistant.

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

I disagree with the decision to deny the requested work hardening program. The patient completed a work hardening program in 2007, followed by a failed attempt to return to work, having pain. There was additional treatment and procedures performed to reduce her pain. She has been found to be functioning at a light physical demand level, and according to documentation she needs to function at a medium physical demand level to return to work. If she is unable to return to work with restrictions, then a trial work hardening program is reasonable and medically necessary.

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)**