

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

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

Notice of Independent Review Decision

DATE OF REVIEW: 11/6/09

IRO CASE #:

Description of the Service or Services In Dispute
Physical therapy 12 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:

- 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

Adverse determination letters, 10/26/09, 10/13/09, 9/29/09
Healthcare reports, 10/08-10/09
02/09-03/09 report, Dr.
Report 4/21/09, Dr.
Electrodiagnostic testing report, 1/14/09
Lumbar MRI report 12/5/08
Operative report, Dr
Operative report, 6/1/09, Dr.
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old who in xx/xx fell and hit her tailbone and her left shoulder. Back pain was soon joined by left lower extremity pain. This continued despite physical therapy and medications. An MRI on 12/5/08 suggested left sided L4-5 disk herniation with probable nerve root compression. For this on 7/24/09 a lumbar laminectomy with discectomy and decompression of nerve elements was carried out. The patient improved significantly in the first few days, but soon her pain returned, and a 9/3/09 report indicates that the patient thought her pain was worse than before the surgery, continuing in her back and left lower extremity. An MRI repeat with enhancement was recommended and apparently denied.

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 12 sessions of physical therapy. While there is nothing in the records provided showing that physical therapy was pursued post-operatively, it is indicated in the denial reports that the patient did have 12 sessions of physical therapy after her surgery. And this would correspond to the recommendation with the initial recommendation. Assuming that physical therapy did occur and was not successful in helping the patient, it is very doubtful that a repeat of these sessions would be helpful, especially as there is no definite diagnosis of the reason for the patient's continued pain.

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)