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DATE OF REVIEW: 3/26/10

IRO CASE #:

Description of the Service or Services In Dispute
10 sessions chronic pain management

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
X Disagree	(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, 2/10/10, 2/12/10, 1/22/10, 1/28/10
Pre authorization request 1/18/10; Request for reconsideration 2/5/10
3/10/10 letter, Dr
2009, 2010 reports, Dr., Dr.
3/23/09, Letter Dr.
Lumbar CT myelogram report 5/27/08
Work capacity and mental health evaluations 1/5/10
DDE report 7/27/09
Operative report 9/24/08 re left knee, Dr.
Cervical myelogram operative report without interpretation, Dr
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in fell approximately 11 feet and sustained painful injuries to his low back, neck, left knee and left hip. Medications, physical therapy, injections, and left knee surgery, have not been helpful in dealing with his trouble. He is markedly depressed at times, and his pain pattern on examination makes evaluation difficult. There is nothing specific on his examination that corresponds to changes on imaging studies, which would be surgically correctable.

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 pain management services. The patient has had considerable conservative management without improvement. With pain continuing to the extent that it even interferes with his examination. There is nothing surgically correctable on imaging

studies, or any findings on examination that could be relieved by a surgical procedure. The patient's emotional status at this time includes major depression, and this could be dealt with in a pain management program, and could help him deal with future difficulties. Once pain management has put the patient a state in which he can be better evaluated, something may be found may be found that could be corrected surgically if significant pain persists. The patient's current mental status interferes with the ability to pursue further diagnostic testing, such as discography.

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)**