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Notice of Independent Review Decision

DATE OF REVIEW: 7/24/10

IRO CASE #: (corrected)

Description of the Service or Services In Dispute
Behavioral Health (90801), Psychological testing x 2 (96103)

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)
<input checked="" type="checkbox"/> 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, 7/12/10, 6/29/10, 6/21/10, 6/16/10
Notes, Dr. 6/7/10
Health & Medical Practice Assoc. records 2004-2010
Notes, Dr. 12/10/09, 9/14/09, 11/12/09
IME reports 10/15/09, 10/13/09, 11/19/09, 10/24/07, Dr.
Electrodiagnostic testing reports 9/1/04, 8/25/04
MRI report 7/19/04
Radiology report 8/21/09
Diagnostic testing summary report 3/11/10
Operative report 12/1/08
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a who in xx/xxxx fell from a bulldozer, grabbing the handle with his left hand and developing low back and neck pain. The symptoms persisted despite conservative measures, including ESI's, and this led to ACDF at three levels, and L4-5 L5-S1 laminectomy and discectomy with fusion L4-S1 lumbar interbody fusion at L5-S1 (11/30/2006). The patient's discomfort in neck, upper extremities, back and lower extremities has persisted despite this and continued conservative measures, including repeat ESI's. He has been unable to work since the injury. Reports indicate anxiety, depression and potential signs of malingering.

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

I disagree with the denial of the requested psychological and behavioral testing. The pathology and surgery that the patient has had in two different areas of his spine is certainly compatible with continued discomfort, which may be present for the remainder of his life. Anxiety and depression, as mentioned in the progress notes and consultations, is frequently associated with more disabling discomfort. Psychological evaluation and testing under these circumstances may lead to more helpful measures than there would be without it.

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)**