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IRO Certificate

**Notice of Independent Review Decision**

**December 23, 2009 Amended (Corrected name)**

**DATE OF REVIEW: 12/20/09**

**IRO CASE #:**

Description of the Service or Services In Dispute  
Physical therapy for the cervical spine and right shoulder 2 visits

**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:

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> 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, 11/25/09, 11/17/09  
Letter, Dr. 11/18/09  
Clinic notes 2009, Dr.  
Cervical and Lumbar MRI reports 12/12/08  
FCE report 11/4/09, 1/7/09  
DDE report , Dr. 10/6/09  
Report, Dr. 11/9/09  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who in xx/xx was moving a washer and dryer and developed low back and neck pain. The low back pain was significantly relieved by physical therapy, but his neck pain persisted and was joined by right arm pain. This has persisted despite time, and physical therapy. The examination reveals a deficit in ROM in turning his neck from the left to the right, and a sensation deficit in the right C6 distribution, along with weakness of the right triceps muscle. These findings suggest nerve root compression on the right side, probably at the C5-6 level of the cervicals spine. An MRI done on 12/12/08 of the cervical spine shows changes of a chronic nature, primarily at the C4-5 and C5-6, and these changes are compatible with nerve root compression at the C6 level on the right side.

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

I agree with the decision to deny the requested additional physical therapy. The patient has had 12 sessions of physical therapy without benefit, and he has changes on his examination and on his cervical MRI that suggest the nerve root compression may be present, requiring surgery or at least a trial of ESI's. Repeat physical therapy would probably be of no benefit, and may be harmful, especially as it would probably delay more definitive treatment being pursued.

**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)