

Envoy Medical Systems, LP
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IRO Certificate

DATE OF REVIEW 11/22/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program (10 day continuation)

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

Physician Board Certified in Anesthesiology and Pain Management

REVIEW OUTCOME

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

- | | |
|---------------------|----------------------------------|
| X Upheld | (Agree) |
| Overtaken | (Disagree) |
| Partially Overtaken | (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, Comprehensive, 9/20/11, 9/30/11
Authorization requests, Injury 9/23/11
Request for earlier PMP, Injury 1, 7/20/11
Inter disciplinary pain treatment plan, Injury 1, 5/11/11
Clinical notes, Dr. 9/14/11 – 3/2/11; 7/14/10 – 7/23/10
Psychological Test Report, Dr. 5/4/11
DDE, Dr. 4/19/11
Initial Behavioral Consult Report, Dr. 3/8/11
PMP assessment reports, 9/1/11
Physical Performance Evaluations, 8/29/11
Radiology reports, 7/16/10
Daily Progress reports, from 9/2/11 – 6/13/11
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a now female who was injured and developed central low back pain in xx/xx/xx. She has received physical therapy, psychotherapy, and 10 days of a Pain Management Program.

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 psychotherapy sessions. The ODG
14-002-Rev 05/08
The patient has not progress with subjective and objective gains. There has been
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modest improvement but not enough to fulfill ODG for an additional 10 days of a pain management program. The patient's pain has increased, and her depression and anxiety levels and physical demand levels have not improved. A home exercise program should be in place. This injured worker has achieved maximum benefit from the current pain management program.

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)