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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW 9/23/11

IRO CASE #:

Description of the Service or Services In Dispute
10 Sessions, Chronic Pain Management Program

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/adverse determinations should be:

X Upheld	(Agree)
Overtured	(Disagree)
Partially Overtured	(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

Denial letters, 8/15/11, 7/27/11
Request for Appeal, Dr., Dr. 8/9/11
Pre-Cert Req, Dr., Dr. 7/20/11
Work hardening treatment summary, LPC, 7/25/11 – 6/15/11
Treatment notes, PT, 4/6/11, 5/28/10 – 5/11/10
FCEs, 7/18/11, 6/27/11, 4/22/11
MRI Reports, Dr., 6/17/10
Op Notes, Dr., Dr. 3/10/11, 1/20/11
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female with low back pain who was injured in xx/xxxx. Conservative care has included physical therapy, medications, injections, and 20 days of a work-hardening program. The medications were cyclobenzaprine and meloxicam. There has been some improvement in lifting ability but work simulation has plateaued over the last 5 weeks.

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 10 sessions of a Chronic Pain Mgt program. Dr. on 4/8/11 stated that there will be permanent work restrictions. The failure to progress in work simulation activities supports this opinion. There has been physical therapy, and extensive work

hardening without significant improvement. The likelihood of increasing work ability with 10 days of a pain management program (“PMP”) is slim.

The option of antidepressant/anti-anxiety meds has not been explored. This modality would address the depression issue at a lower acuity level.

The ODG for PMP has not been met. ODG #8: Negative predictors of success should be identified and addressed. ODG #2: Absence of other options likely to result in clinical improvement.

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)