

Envoy Medical Systems, LP  
1726 Cricket Hollow  
Austin, Texas 78758

PH 512/836-9040  
Fax 512-491-5145

IRO certificate #

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 3/30/12

**IRO CASE #:** (AMENDED 3/30/12)

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Del 2130 Skin Wipes (A5120); Clean-Cote Cream (A6250); TENS Unit (A4595);  
Conductive Gel/Spray/Electrodes 2" Rd 4 Pk (A4558); Vitamin E

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

Board certified in Neurological Surgery

**REVIEW OUTCOME**

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

Upheld (Agree)

Overtured (Disagree)

**X Partially Overtured (Agree in part/Disagree in part)**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letter, 8/23/11

Post Designated MD's Required Med. Exam, MD, 7/22/11

Clinical notes, MD, 12/23/10

Prescription for Physical Therapy, MD, 01/26/11

Lumbar MRI Report, Imaging, 12/07/10

ODG

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a female who, on xx/xx/xx, was carrying dishes and other eating  
utensils upstairs and developed low back and right lower extremity pain. There is no  
history of any previous such difficulties. An MRI on 12/17/10 showed a right-sided L5-  
S1 disc rupture with right S1 nerve root contact. Physical examination revealed an absent  
right Achilles reflex. Epidural steroid injections were recommended, but denied, and  
physical therapy was initiated, and this gradually improved her to the point that she was  
able to return to work. She continues to have pain off and on, which is significantly

relieved by a TENS unit used on 'as needed' basis. She has done remarkably well considering the diagnosis, and I think the mechanism of injury explains the diagnosis, as opposed to what previous examiners have indicated.

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

I agree with the use of the Skin Wipes, Clean-Cote Cream and conductive gel/spray and electrodes to help the function of the TENS unit, which is also necessary and certainly within the realm of medical necessity. I do not agree the Vitamin E is necessary for the injury and the diagnosis which she received.

**A 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)**