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IRO Certificate #4599

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 12/19/12

**IRO CASE NO.**

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

Chronic Pain Management Program, additional 80 hrs. Outpatient CPT: 97799

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

Physician Board Certified: **Physical Medicine & Pain Management**

***DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTH CARE SERVICES IN DISPUTE.***

**REVIEW OUTCOME**

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

**Upheld** (Agree)

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Denial Letter/Reconsideration Reply: 5/18/06, 11/23/12

Request for Reconsideration: 11/21/12

Peer Reviews: 11/27/12, 11/08/12

Clinical Notes, 11/05/12

Chronic P/M Program, Reassessment, CPMP Day Treatment/Goals of Treatment, FCE & Testing:

11/01/12, 10/29/12, 7/06/12

ODG

**PATIENT CLINICAL HISTORY SUMMARY**

I have reviewed the medical information for a male who had worked for his company. He reported an injury in xx/xxxx (xx years ago). He had slipped and fallen from a backhoe and hit his right elbow and wrist. There were, subsequently, multiple diagnoses given/considered, including olecranon bursitis and a later EMG interpretation only, of cervical radiculopathy and right carpal tunnel syndrome. The patient returned to work on 8/01/06, but reportedly re-injured his elbow again on 2/11/07. Apparently, some time that same year, the patient "retired" from his job. Reportedly, he has had post-op physical therapy for 24 visits, 16 sessions of individual psychotherapy, six sessions of biofeedback. In March, 2011, he had

psychological testing. By November, 2012, patient was still complaining of "marked pain and had unresolved functional problems." He subsequently underwent 80 hours of a chronic multi-disciplinary pain program (October-November, 2012). An additional 80 hours has recently been requested and denied.

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

I agree with the utilization review denial of 11/08/11. Patient has shown minimal improvement with the program. (This is not overly surprising since the original date of injury occurred in 2006). ODG guidelines do suggest not proceeding more than two weeks if there is not significantly documented subjective and objective gains. We agree his outcome showed only equivocal improvement, and physical improvement was minimal, as noted on the FCE.

*The requested additional 80 hours of CPMP are not indicated.*

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X**

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  
DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)