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IRO Certificate #4599

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 03/05/12

**IRO CASE #:**

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

Work hardening program 80 hours, 5x2 wks 10 sessions

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

Board certified in Physical Medicine & Rehabilitation

**REVIEW OUTCOME**

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

**X Upheld**

(Agree) Overturned                      (Disagree)

Partially Overturned                      (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

2-16-12 Work Hardening Request Letter from the  
1-25-12 Denial Report, from of Carrollton, Texas. (Amended report)  
1-17-12 Denial Report, from Carrollton,  
1-6-12 Request for Reconsideration from the  
1-3-12 Adverse Determination Letter from, Carrollton  
7-2-11 Lumbar Spine MRI  
8-1-11 Peer Review Report by  
9-12-11 Progress Note,  
12-22-11 Behavioral Evaluation Report  
12-27-11 Preauthorization Request for work hardening from  
2-10-12 Independent Medical Examination  
12-30-11 second Lumbar MRI Report  
12-22-11 Work Capacity Evaluation from the.  
ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a woman and in xx/xxxx she bent over and felt a pop in her low back. She had been off work since that time and has had 2 lumbar MRI studies which were unremarkable and radiology reports indicating the same. Her symptoms began in the lumbar area and later reported some symptoms also in the lower extremities. Treatment began with an orthopedic clinic, and also multiple physical therapy treatments. Patient later independently changed herself to treatment at the The clinic has requested the 80 hour work hardening program.

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

I agree with the benefit Company's decision to deny the requested services. The history and physical evidence, as provided, were for a lumbar soft tissue sprain, with essentially two negative lumbar MRI studies. Additionally, on the IME examination of 2-10-12, also felt this was a lumbar sprain without significant discopathy. He also found marked evidence for symptom magnification with multiple Waddell nonphysiologic/findings. There was evidence of much giveaway reaction on muscle testing of all myotomes, much inconsistency observed with motor function, patient's movements, gait, etc. Also, non-anatomic decreased sensation responses in the lower extremities, increased pain behavior and inconsistency behavior and increased excessive reactivity to a very light touch on examination. Thirdly, he felt the patient had reached MMI and, in fact, likely had done so as far back as September 12, 2011.

**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 KNOWLEDGBASE**

**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)**