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IRO Certificate #4599

**Notice of Independent Review Decision**

**DATE OF REVIEW: 03/09/12**

**IRO CASE #:**

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

Physical Therapy, 4 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**

Denials: ESIS, Concentra, Reconsideration Letter, Coventry H/C, 2/17/12 - 12/23/10

Clinical Notes, Office visit notes, Progress rpts, others, 1/23/12 - 1/12/10

Functional Capacity Evaluation, 1/13/11

Peer Review, Dr., 12/23/10

Orthopedic Surgical, Dept. of Radiology, 6/20/11, 6/17/11, 1/06/11

Operative Report, Hospital/Specialized Surgery, 12/29/11

Surgical Hosp., Dept of Radiology, Various, incl Final Rpt, 8/13/10 – 9/5/08

EMG & Nerve Conduction Studies, Neurol. Assoc. 8/24/10

X-ray, lumbar spine, 1/6/11

ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male electrician who underwent an L5-S1 discectomy and fusion with instrumentation in February 2010, currently presenting to Dr. with chronic back pain, failed back syndrome, with axial and radicular symptoms – 8/10 pain level and assigned a statutory MMI with a 10% impairment rating. As described on the documents provided, EMG nerve conduction studies revealed absence of acute nerve root injury, but did show evidence of chronic de-nervation of the L5-S1 innervating muscles. He had x-ray studies, also CT myelogram of June, 2011, as reported in a progress note of 11/14/11. Patient continued to have pain in the low back, some pain down the lower extremities, thoracic area pain, as well. He had several oral medications for the back, by Dr., before additional physical therapy visits.

**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. According to the records, by 5-23-11, patient had undergone a lengthy therapy program (38 visits). The patient has not shown satisfactory response/progress from the physical therapy he had received, and I agree the 4 additional visits requested are not indicated.

**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)**