

Envoy Medical Systems, LP
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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 11/14/12

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Pain Management Program: 5x Wk for 2 wks = 10 sessions/80 units. CPT: 97799 Chronic Pain

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

Physician Board Certified: **Anesthesiology & 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)	<u>X</u>
Overtured	(Disagree)	
Partially Overtured	(Agree in part/Disagree in part)	

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Denial Letters (3) 10/22/12, 10/17/12, 10/09/12
Peer Review, 10/19/12, 10/09/12; Peer Review, 6/25/12
Reconsideration Request, M.D., Chronic Pain Mgmt., 10/16/12
Request for CPMP, 10/04/12; Behavioral Evaluation, Chronic Pain Mgmt., 8/28/12
Pre-Authorization Request: Left SI joint injection, 8/29/12
Global Testing (Functional) Treatment Plan: 10/20/12
ODG

PATIENT CLINICAL HISTORY SUMMARY

The patient is an individual who sustained a low back injury in xx/xx. Her back pain has not changed significantly since the accident. She has mild improvement with standing and/or changing positions and using ice/heat. She has had on-going physical therapy sessions, TENS unit, medications and lumbar epidural steroid injections. There was no lumbar MRI report available. SI joint injections have been provided. Individual psychotherapy was also provided. A report after individual psychotherapy states she made minimal progress.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND

CONCLUSIONS USED TO SUPPORT THE DECISION

ODG rule states there should be documentation indicating the patient has motivation. This guideline has not been met. Due to depression and anxiety, she is too emotionally unstable to be consistent enough to follow through with a treatment plan. She is not a candidate for a structured behavioral program. I agree with the benefit company's denial of service.

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)