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IRO Certificate #4599

**Notice of Independent Review Decision**

DATE OF REVIEW: 10/16/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy 1 x 4 weeks; CPT: 90837

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

Physician Board Certified in Psychiatry

REVIEW OUTCOME

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

<b>Upheld</b>	<b>(Agree) <input checked="" type="checkbox"/></b>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Review/ODG, 9/17/13  
Pre-Authorization/Reconsideration, 9/19/13  
Peer Review (w/attached ODG, 9/26/13  
Retrospective Review (w/attached ODG on-line version) 4/22/13  
Initial Behavioral Medicine Assessment, 9/05/13  
ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

was injured in xx/xxxx. He was taken to the hospital and ultimately had surgery to repair a tibial fracture. At the present time, the patient is working full time at a different job. He has reported additional pain which is related to his knee. However, the evaluation (4/22/13) does not support any injury to the knee requiring surgery. Counseling was recommended to treat a presumed psychological condition that has reportedly impacted the patient's recovery. However, it appears that the patient *has* recovered from this injury. He is working full time. He is not taking any medication at the present time.

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

**Decision:**

I agree with the benefit company's decision to deny the requested services.

**Rationale/Reasons:**

Psychological services may be recommended if there is a psychological condition that impacts recovery or participation in a rehabilitation program or before certain interventions. No interventions or rehabilitation are planned based on the injury the patient had. The patient is working full time and not taking medications for pain. There does not appear to be a psychological condition that meets the criteria in the ODG (Official Disability Guidelines).

**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)