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IRO Certificate #4599

**Notice of Independent Review Decision**

DATE OF REVIEW: 11/04/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program (CPMP): 80 hours/units, 5x2 weeks, Low Back, Outpatient, CPT: 97799

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

Physician Board Certified in Physical Medicine & Rehabilitation.

REVIEW OUTCOME

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request for 80 hours/units of Chronic Pain Management Program (CPMP), 9/23/13  
Letters of Adverse Determination (2) ODG's att.: 10/18/13, 9/26/13  
Reconsideration/Appeal, 10/11/13  
History & Physical, 9/12/13  
Reports/Assessments: CPMP Day Treatment Design; Psychological Testing & Assessment Rpt., PsyD., 9/12/13; CPMP Plans & Goals, 8/20/13; Initial Behavioral Medicine Assessment, 7/01/13;  
Assessment/Evaluation, CPMP, 8/21/13;  
Oswestry Low Back Pain Disability Questionnaire & ROM (range of motion) Charts, 10/12/13  
ODG (Official Diagnostic Guide)

PATIENT CLINICAL HISTORY SUMMARY

Patient is a male who sustained a low back injury at work in xx/xxxx. injured his back. Patient later saw treating doctor/specialists and has had MRI's, X-rays, CT scans, and injection treatments. It is also reported that he had approximately 6 sessions of physical therapy. He has had two lumbar surgeries including a 2 level lumbar fusion (10/06, 2/08). Recently, patient was referred by one of his treating doctors for possible spinal cord stimulator. Another party has requested a formal 80 hour chronic pain program before being considered for a stimulator.

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

**Opinion:**

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

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

USED TO SUPPORT THE DECISION

**Rationale/Reasoning:**

A recent functional evaluation (10/2013) revealed the patient is at a PDL (physical demand level) of 'heavy' already. There is no evidence seen of a written job verification from the employer. A Chronic Pain Management Program (CPMP) is not a listed prior requirement by ODG for obtaining a spinal cord stimulator. The CPMP does not appear 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)