

Envoy Medical Systems, LP
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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 4/02/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program (CPMP) Initial 80 hours, outpatient, lumbar and bilateral knees, CPT: 97799

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

Physician Board Certified Physical Medicine, Rehabilitation & Pain Management.

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

Patient is a female who, at x months pregnant, fell down 5-6 steps in xxx, 20xx. She injured her lower back and both knees and later miscarried due to the fall. In addition to physical therapy sessions and a work hardening program, psychological counseling and behavioral therapy were included to aid in her diagnosed PTSD (Post Traumatic Stress Disorder).

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 requested services and agree with the first reviewer's recommendations for home exercise and, if needed, further psychological and/or psychiatric management.

Rationale: Patient has already undergone 12 physical therapy sessions, 18 psychotherapy sessions, 10 full days of work hardening program and has undergone MMI (Maximum Medical Improvement) some 14 months ago. (The first reviewer's communication also noted, concerning management needs for psychological issues).

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)