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IRO Certificate #4599

### Notice of Independent Review Decision

**DATE OF REVIEW:** January 29, 2013

**IRO CASE NO.**

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

*Chronic Pain Management Program for Lumbar Spine – 80 hrs/10 sessions, Pre-Auth. CPT: 96102.  
(Start date upon approval).*

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

Physician Board Certified: **Physical Medicine & Rehabilitation.**

**REVIEW OUTCOME**

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

Upheld	(Agree)
<b>Overtuned</b>	<b>(Disagree) <u>X</u></b>
Partially Overtuned	(Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Utilization Review Determination (2), 12/10/12, 8/20/12  
Request for Reconsideration of Denied Service: CPMP: 12/21/1212-10-12  
Reconsideration/Appeal of Adverse Determination, 1/09/13  
Psychological Diagnostic Interview/Request for 2 Hr. Psych. Testing: 8/30/12;/Psychological Diagnostic Interview/Request for 10 Trial Sessions of CPM, 8/06/12;  
Pre-authorization Request, 9/11/12  
Team Treatment Plan/Outcomes Grid, 11/20/12  
Functional Capacity Evaluation, *Workwell Occupational Testing*, 8/10/12  
Oswestry Low Back Pain Disability Questionnaire, *Workwell Occupational Testing*, 8/10/12  
ODG

**PATIENT CLINICAL HISTORY SUMMARY**

Patient is a male who sustained a work related injury in xx/xx/xx, by a fall. He twisted the left ankle and also injured his neck and back. Patient underwent spinal x-rays, x-ray **and** MRI studies of the ankle with no factors reported. He has had considerable physical therapy, medications, injection therapies, with limited results. He has also undergone psychological evaluation.

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

***I disagree with the benefit company's decision to deny the requested service. Reasons/rationale:*** The ODG guidelines chapter on pain ("***Chronic Pain Program***") is reviewed/referenced. ***I agree with the rationale and, in general, the opinions stated in the "request for reconsideration" dated 12/21/12.*** The extensive psychological workup and history is noted, and dated 11/20/12, The request for reconsideration has currently been adequately substantiated as medically reasonable and necessary for chronic pain program (10 days) in my opinion.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION** (cont'd)

***I disagree*** with the statement stating "***previous methods of treating the chronic pain have not been documented as unsuccessful***". Contrary to prior opinion, the documentation of the clinical response from the epidural injection *has been* provided. The patient was not disabled greater than 24 months when the request for the treatment program was initially rendered (August, 2012). The records provided do not show a "***lack of functional deficit evidence on the histories and examinations.***"

**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)