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IRO Certificate #4599

### Notice of Independent Review Decision

DATE OF REVIEW: 9/23/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 hours over 10 days of Work Hardening Program for the Lumbar Spine as an Outpatient. CPT: 97546, 97545

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

Preauth Request: 8/22/13

Adverse Determination Letter/Review: 8/27/13

Reconsideration/Appeal: 8/30/13

Appeal Denial: 9/05/13

Clinic Note/Followup: 8/01/13

Evaluations/Assessments, include: Initial Work Hardening Evaluation, Multidisciplinary Work Hardening Plan & Goals of Treatment, Initial Behavioral Medicine Assessment; Functional Capacity Evaluation, 7/09/13; Oswestry Low Back Pain Questionnaire, 7/09/13; "**Just The Facts**" Information sheet (Work Hardening & Work Conditioning Program) January to December 2012.

ODG (Official Diagnostic Guide)

PATIENT CLINICAL HISTORY SUMMARY

The patient suffered a low back injury in xx/xxxx, feeling a sharp, low back pain. He was seen at the ER, evaluated, underwent spinal x-rays and released with an ice pack and a return to work, with restrictions. Patient did not return nor sign required paperwork and was subsequently terminated. EMG studies of the back and lower extremities were later recommended. The patient did not follow through with this. He had low back X-rays at a later date (4/17/13). He underwent a designated doctor examination in May, not felt to be at MMI. 8/06/13 patient was seen by the psychiatrist and was prescribed Cymbalta and Rozeram. He underwent 10 sessions of psychotherapy to address the "injury distress". Work hardening was recommended because of the "persistent functional deficit".

"Axis: There are no reports revealed today of neurological abnormalities on physical examination, nor radiculopathy evidence, nor of significant injury related abnormalities on MRI study.

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 (cont'd)

**Rationale/Reasoning:**

The patient is now seven and a half months past what was diagnosed as a soft tissue strain of the lower back. He underwent 9 physical therapy sessions, had reported "moderate improvement" with therapy. He also had 10 psychotherapy sessions. He does not have a job to return to. He is currently reported as functioning at a medium level.

It is agreed that after the 9 physical therapy sessions, including self home exercise instructions, a continued home exercise program could be as effective as a structured work hardening program (8 hours per day, for 10 days). There was a clinical reference (8/01/13) made concerning the patient's "non compliance" stating the patient "refused to get an MRI study". The records also stated the home exercises had not been effective enough because of psychological issues. Patient was terminated from work after the initial claimed injury. There is no mention of significant MRI lumbar spine abnormalities.

A diagnosis of "major depressive disorder" was also included in the records.

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) X (\*see description below)**

\*Information sheet '*Just The Facts*' (WH/WC Program) from Injury One of Dallas