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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 1/27/14

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
12 Units, Health and Behavioral Evaluation; CPT: 96150 (not in system)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Pain Management & Anesthesiology.

REVIEW OUTCOME

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

| | | |
|---------------------|----------------------------------|-----------------|
| Upheld | (Agree) | <u>X</u> |
| Overtured | (Disagree) | |
| Partially Overtured | (Agree in part/Disagree in part) | |

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letter & Appeal Reply: 12/19/13, 1/07/14
Pre-authorization Request, 12/09/13
Appeal of non-certification/add'l memo: 1/03/14; 1/12/14
Independent Medical Exam (IME), 8/16/13
Clinical notes/Office visits: (4)
12/02/13; 8/12/13; 8/26/13; 6/10/13; Office note 8/30/13.
ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY
This individual sustained a fall in xx/xxxx, which resulted in low back pain. Extensive therapeutic measures have been performed, including surgery. An intrathecal catheter and implanted pump are in place. The request is for Behavioral Health Evaluation. The request for this evaluation is to dispute the validity of an IME performed on 8/16/13 or to recommend other treatment modalities recommended tapering and discontinuing Avinza, Lydoderm, Ativan, Xanax, Ambien, ropinirole, and sertraline which are on the "N" list; and, therefore, are not on the Texas Worker's Compensation formulary.

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

Decision:
I agree with the denial for the requested service.

Rationale:
ODG (Official Disability Guidelines) state that a Behavioral Health Evaluation is indicated if there is a clinical impression of psychological issues. ODG do not endorse a Behavioral Health Evaluation to dispute validity of an IME. As far as recommending other treatment modalities, other medications on the formulary could be considered. The majority of the medications in this case are psychotropic drugs which

ODG do not endorse.

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)