

Envoy Medical Systems, LP
4500 Cumbria Lane
Austin, TX 78727

PH: (512) 705-4647
FAX: (512) 491-5145
IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 8/03/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Office Visits to Pain Management Physician; From 4/24/13 to current. CPT: 99204, 99213, 98361, 90101, GO434

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

Physician Board Certified in Physical Medicine & Pain Management

REVIEW OUTCOME

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

Upheld (Agree)

Overtured (Disagree)

Partially Overtured (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

Patient was injured on xx/xx/xx when he was pulling cable and noted pain in his back, neck and shoulder. He had an MRI of his lumbar spine on 10/27/11 which showed disc desiccation with diffuse disc bulge and mild bilateral neuroforaminal stenosis at L2-3, disc desiccation at L3-4 with moderate foraminal narrowing, disc desiccation at L4-5 with disc bulge and osteophytes with severe left 'facet narrowing', and disc desiccation with sequestered disc fragment at L5-S1. He then saw who diagnosed him with S1 radiculopathy and recommended epidural steroid injection. He then saw on 11/21/11 who recommended an epidural steroid injection and prescribed Gabapentin. He then completed 12 physical therapy visits.

December 16, 2011, he underwent an MRI of the C spine which showed degenerative changes at C4 through T1 with multilevel stenosis with C5-6 and C6-7 being the worst. Patient was started on Hydrocodone as of January 12, 2012. He then underwent an epidural steroid injection on 2/19/12, stated pain was worse in lower back after that. On 2/27/12, he was certified for an ACDF C4-C7. On 3/8/12, he was certified for a lumbar laminectomy at L5-S1. EMG on 3/22/12 showed L5 radiculopathy. On 5/29/12, he underwent a decompressive lumbar laminectomy at L4, L5 and S1 with bilateral foraminotomies at L4-5 and L5-S1. He then underwent a cervical epidural steroid injection on 9/05/12. He had an EMG on 10/17/12 which showed bilateral moderate carpal tunnel syndrome but no cervical radiculopathy. On 12/12/12, he saw who diagnosed him with cervical facet syndrome and recommended physical therapy. On 1/29/13, he saw who diagnosed him with neck and back sprain.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

On 2/26/13, he saw for psychological evaluation and was diagnosed with chronic pain syndrome with associated depression and anxiety and recommended 6 sessions. On 3/07/13, he was found to have reached MMI with 10% impairment rating as of 11/05/12. On 4/19/13, upon reviewing his records, recommended no further surgery, no treatment for his upper extremity problems as likely related to cervical arthritis and carpal tunnel, wean off Hydrocodone, and continuing Gabapentin and Tramadol and NSAID's prn. He also wrote, "the patient does have a chronic pain syndrome which still is a basis for

treatment." 4/24/13, patient was seen, recommended chronic pain and functional restoration program. 6/06/13, he told that no further injections were approved and was ready to do the functional restoration program. 6/16/13: In functional restoration program, weaning Norco and Tramadol. 7/08/13: Seen Alianell, completing functional restoration program. 9/09/13: Seen; on Lunesta, Norco, Tramadol, Flexeril, and Mobic.

10/25/13: Dispute from ESIS: "carrier accepts compensable injury of an aggravation of a preexisting degenerative lumbar disc disease and exacerbation of cervical disc disease and chronic pain syndrome". 11/11/13: Seen, on Lunesta, Norco, Tramadol, and Flexeril. 1/20/14:, prescribed Norco, Tramadol, and Flexeril. 3/17/14: Seen and patient told him he is not taking Hydrocodone much, mostly taking Tramadol and Flexeril. Urine drug screen appropriate. 5/12/14, 7/07/14: Seen, on Tramadol and Flexeril. 10/13/14: Seen, added Mobic to Tramadol and Flexeril. 1/27/15: Seen, on Flexeril, 5mg BID, Tramadol, and Mobic. Instructed to see PCP for basic labwork to assess kidney function 2/2 to Mobic use since worker's comp denied labwork.

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

Opinion: I disagree with the benefit company's decision to deny the requested service.

Rationale: This review pertains to the use of a chronic pain management program in the context of persistent pain and opioid use despite surgery, physical therapy, and injections. Per Official Disability Guidelines (ODG), chronic pain programs are *"recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in delayed recovery....There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiological, psychological, and sociological components that are considered components of the patient's pain. Patients should show evidence of motivation to improve and return to work, and meet the patient selection criteria outlined below."* The patient has completed previous management with physical therapy, injections, medications, passage of time, and surgery. He has had MRI's showing degenerative changes as well as electrodiagnostic testing showing L5 radiculopathy (treated with injection and surgery) and no cervical radiculopathy.

The patient received appropriate care in the functional restoration program. He was successfully weaned off Norco and Lunesta and is currently only on Tramadol, Flexeril, and Mobic, as needed. He participated and completed the program and is now only seeing every 3 months for prescription refills. The labwork checking for kidney functional should have been covered as well, given the known long term effects of NSAIDs on the kidney. rightfully concluded that the chronic pain syndrome the patient has would be a basis for treatment.

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**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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)