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IRO Certificate #4599

DATE OF REVIEW: 6/18/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening Program, 20 visits, 97545, 97546

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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a XXXX with history of C3 cervical fracture in XXXX, RCR 2005, who sustained an injury to XXXX lower back on XXXX. XXXX then went to the XXXX where they saw the old C3 fracture. XXXX was then seen at XXXX. XXXX went through six visits of therapy and had an MRI of the cervical spine. XXXX complained of neck and left shoulder pain and lower back pain. MRI of the cervical spine on XXXX showed a large left sided extrusion at C5-6 and spondylosis from C3-4, 4-5, and 6-7. On XXXX patient saw XXXX, who felt XXXX likely had a right upper extremity radiculopathy, possible carpal tunnel, left shoulder impingement, and possible right S1 radiculopathy. XXXX recommended an MRI of the lumbar spine and EMG/NCS of the upper and lower extremities. An MRI of the left shoulder on XXXX showed full thickness tear anterior to the mid humeral insertion site of the supraspinatus without retraction, mild tendinosis of supraspinatus, and mild superficial split or delamination of superior humeral insertion of subscapularis, with subluxation of the long head of the biceps, mild subscapular outlet related impingement, mild fraying and minimal tear of anterior labrum, mild subdeltoid bursitis. Prior resection of distal L clavicle and decompression from probably acromioplasty. MRI of the lumbar spine on XXXX showed mild bilateral L3-4 foraminal stenosis detected at L4-5 secondary to broad based posterior disc protrusion and posterior disc protrusion at L5-S1. XXXX underwent a shoulder steroid injection on XXXX. XXXX than had "C6-7 translaminar ESI" on XXXX and XXXX, as well as physical therapy. Diagnoses are lumbar strain, C5-6 HNP, and sprain/strain to cervical and left shoulder.

On XXXX records were reviewed by XXXX. XXXX concluded that more likely than not, XXXX will require surgery (decompression and ACDF) at C5-6. XXXX did not feel that the shoulder or the lower back were surgical. XXXX pointed out the inconsistent physical exam findings, bilateral symptoms and non-myotomal weakness on exam.

On XXXX a three phase bone scan was done which showed delayed phase update in the posterior

elements on the left at C5-6 or 6/7, likely the result of facet joint osteoarthritis.

On XXXX the patient underwent a functional capacity evaluation at XXXX. Work hardening was denied due to: unknown if patient is a surgical candidate for the C5-6 disc extrusion. FCE demonstrates XXXX may have met requirements for XXXX job except for overhead work and carrying. Claimant has not been screened for any possible psychological barriers to this program.

On XXXX underwent a mental health evaluation by XXXX. The DSM-5 diagnostic assessment was F45.1 (somatic symptom disorder with predominant pain, persistent and moderate to severe in XXXX neck and moderate in XXXX left shoulder). Recommended treatment was cognitive behavioral therapy.

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.

Rationale: This review pertains to the need for a work hardening program (20 visits) for diagnoses of lumbar strain/sprain, cervical strain/sprain, left shoulder strain/sprain, and C5-6 herniated disc. Per ODG and initial denial, a mental health evaluation was performed and did not find any contraindications to work hardening. The main reason for denial, however, was no clear indication of whether or not the patient was a surgical candidate for the C5-6 disc extrusion. There are documented weakness and paresthesias on physical exam by multiple providers. There is some mention of an EMG/NCS but this does not seem to have been done. It is also unclear if a spine surgery consultation was obtained. In this case, a work hardening program, 20 visits, is not medically necessary.

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

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE
THE DECISION (continuation)**

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)