

Envoy Medical Systems, LP
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IRO Certificate #XX

DATE OF REVIEW: 11/08/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XX Management & XX, XX hours, XX

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)

Overturned (Disagree) X

Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

Patient is a XXXX who sustained a XXXX injury in XXXX. XXXX. After failure of conservative care, XXXX underwent XX procedures on XXXX. XXXX now has XXXX range of motion of the XXXX and is capable of XXXX work activities. Prior to the injury XXXX occupation required XX category of work activity.

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(s).

Rationale: The first reviewer denied the program stating that the length of time the claimant is removed from the date of injury would be considered a negative predictor for a positive response from such an extensive program. ODG states under XXXX a program is planned for a patient who has been continuously disabled for greater than XXXX months, the outcomes for the necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period. The other desired outcomes include decreasing post treatment care, including medications, injections and surgery.

The second reviewer agreed that all criteria were met except criteria XX. XXXX opined that there are no clear claimant specific measurable goals documented or exceptional circumstances to support this type of program this far from date of injury. In the appeal request, XX states that goals include self-managing chronic pain, learning to live with chronic pain, and learning new techniques for physical reconditioning and work stimulation exercises., The physical

performance evaluation mentions specific activities including XX statements, XX, along with XX and XX (ie, XX, and XX and XX evaluations), improving physical capabilities and restore functioning and encourage proactive behavior to self-regulate, all the while reducing use of medications and moving forward to case closure. The baseline scores for these activities are listed and goals for improvement in those activities are also clearly stated. Other clearly stated goals include XX specifics such as putting XX. These are specific goals tailored to the injured worker which fulfill ODG Category XX.

The request for XX hours of functional restoration is reasonable and meets accepted peer review standards including ODG **and is medically necessary for this claimant.**

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)