

Envoy Medical Systems, LP
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IRO Certificate #XX

DATE OF REVIEW: 12/21/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XX Epidural Steroid Injection, XX, XXXX, XX, XXXX, CPT: XX, XX, XX, XX; XX XX Blocks, XX level XX branch of the XX XX XX x 1, Monitored anesthesia care, XX, XX, XX;

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

Physician Board Certified in Anesthesiology & Pain Management

REVIEW OUTCOME

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

Upheld	(Agree)	X
Overtured	(Disagree)	
Partially Overtured	(Agree in part/Disagree in part)	

PATIENT CLINICAL HISTORY SUMMARY

XXXX. After failure of conservative care, an MRI was obtained which reported to show a broad-based XX XX and mild to moderate XX XX XX in XX. It was also XX in XX to XX. There is persistent pain in the XX with radiation to both XX XX with decreased XX to XX walking on physical exam. Electrodiagnostic studies are XX. A XX evaluation was obtained, and a XX pain program was recommended.

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 of monitored XX care. I agree that the procedures were deemed appropriate per ODG per the previous reviewers.

Rationale: Both reviewers concluded that there was insufficient evidence of XX XX **to warrant monitored anesthesia care** for the requested procedures. Otherwise, the procedures were deemed appropriate per ODG. Attempts to contact the treating physician were unsuccessful so the procedural requests could not be modified. The XX evaluation obtained was very thorough

and various XX instruments were utilized to evaluate this individual. It is noted in that evaluation that the injured worker displays XX XX. To fulfill ODG there must be evidence of XX XX. This evidence is lacking and has not been demonstrated; therefore, monitored anesthesia care for requested procedures are not warranted. I agree with the two previous reviewers that the procedures themselves met peer reviewed criteria, but the request for sedation did not. The request for the service of monitored anesthesia, as it stands, **should be denied and 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
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)