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IRO Certificate #4599

DATE OF REVIEW: X

IRO CASE NO. X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

X

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

Physician Board Certified in X

REVIEW OUTCOME

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

X

PATIENT CLINICAL HISTORY

This is a X who sustained an injury in X, when X was in an X over X of an X for a long period of time. He complained of X pain. MRI on X showed evidence of a X at X with a X. X was performed by X with X. (X session notes available from X through X). X was first seen by X on X for X condition. The clinical note states that patient got a X of X and X into the X and diagnosis of X was given. X and X were prescribed. Patient was given X. Patient had X sessions of X prior to appointment. X today then requested FCE and X weeks of X with possible MMI. FCE done by X, DPT, on X showed patient was able to lift X lbs instead of the X lbs required for his job; X was requested. Request was made for X of X with the goals to focus on improving X, X, X and X to X, and to improve X, X, X and pulling to X lb X. This was denied initially due to a "comprehensive evaluation determining the motivational, psychosocial, and behavioral factors to determine successful participation in goals for return to work and not for a contraindication to this type of program was not fully addressed in the records. Clarification is needed regarding the request and how it might change the treatment recommendations as well as the patient's clinical outcomes."

The appeals letter from X, PT, states that X completed X sessions of X without improvement and that there were no signs of X including no X or X. The second denial by X states that the request for an appeal of X hours of X program is not certified due to "the clinician not documenting the need for X versus a home X."

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 need for a X for diagnosis of X. Per ODG, X involves an additional series of X sessions required beyond a normal course, primarily for X. There is clear documentation of X with regular X visits, prescription medications, and X. There is no X indication. FCE has demonstrated that the patient is not able to return to work at full capacity. There are clearly delineated goals for X program, including being able to X, X and X X lbs (from X lbs currently) and on improving X, X, X and X tolerance to "frequent".

The requested service of X is medically necessary for this patient.

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

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)