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Notice of Independent Review Decision

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:

Upheld	(Agree) <input checked="" type="checkbox"/>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY SUMMARY

X is a X patient who was injured at work in X while lifting plywood over X head. X carries a diagnosis of cervical radiculopathy. On X, patient complained of bilateral neck pain with radiation into the right shoulder. Physical exam showed tenderness of the bilateral X facet joints, trigger points in the right scapula and right shoulder, and positive extension with pain. There is documentation of right X with 80% pain relief for X, 60% relief currently. Prior to that X had the same X on X, X, X, X. X had a prior X on X with no significant relief and on X with 100% relief for X and then with 0% relief and increased functionality until X was performed X. X on X gave X100% relief for X. MRI of the cervical spine on X showed X with mature fusion, X disc osteophyte complex with new small left lateral disc protrusion and X disc bulge with small central disc protrusion and mild to moderate left foraminal stenosis at X. X has done physical therapy, HEP, anti-inflammatories, and analgesics. Patient is not working and is retired. Initial request for X was denied due to no documentation of twitch response and presence of cervical radiculopathy. Repeat X was also denied due to lack of documentation of at least X of relief. Second appeal request for the X also denied due to lack of recent advanced imaging provided to corroborate clinical findings. X denied second time due to no twitch response, presence of radiculopathy, and no recent diagnostic imaging to corroborate clinical findings.

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: Patient has non-dermatomal pain radiating into the shoulder which could be facet mediated vs true radiculopathy. X has had X and has not had any advanced imaging recently, and it appears the X performed after X on X gave X no significant relief.

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

X would not be indicated for cervical radiculopathy or facet mediated pain (treated with X with good relief in the past). I would agree that further imaging is indicated at this time since X most recent imaging is from over X. Further documentation of the dermatome and myotome affected by the radiculopathy would be helpful to justify a repeat X. X also not indicated on no twitch response documented and presence of radiculopathy.

The requested service, X, is not medically necessary at this time.

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)