

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

DATE OF REVIEW 4/25/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

R L4-5, L5-S1 lumbar facet injections

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

M.D. Board Certified in Neurological Surgery

REVIEW OUTCOME

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Denial letter 2/12/07, 2/23/07

Request for authorization 2/2/07, Associates

Letter 3/5/07, initial consultation report 6/12/06 follow up notes and reports 2006-2007, Dr.

Operative report ESI June 2006

DDE 3/8/07, Dr.

Electrodiagnostic testing report 5/18/06, Dr.

Lumbar MRI report 4/18/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was pushing a cart of materials and developed pain in his back and right lower extremity, which increased in its severity when he stepped from a curb about a week following the original injury. Physical therapy, medications, and epidural

steroid injections have not been helpful, except that now the pain is primarily in the patient's low back and right buttock region. MRI has shown lumbar degenerative disk disease, primarily at the L3-4 and L5-S1 levels, with the only potentially significant disk bulge at the L5-S1 level.. There is nothing to suggest facet pathology on the MRI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

There is nothing on examination or on the imaging studies to suggest facet pathology as the source of the patient's discomfort. The MRI report suggests L3-4 and L5-S1 as the primary areas of degenerative disk disease change, and the L3-4 area is not an area for which facet blocking is proposed. It is indicated that if facet blocks are not helpful, SI injections will be tried. This appears to be a "shotgun" approach to a pain problem without any definite diagnosis being made as to the source of the patient's pain, except probable changes of lumbar degenerative disk disease change with superimposed trauma. The patient's treating doctor indicated in a letter dated March 5, 2007 that there is evidence on examination of the patient's facet problem. In reviewing the physician's 1/16/07 report, there is nothing that would suggest that facet pathology is the source of the patient's trouble.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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