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

**DATE OF REVIEW: 12/21/07**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
**Anterior Posterior Fusion L3-4, L5-S1**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**
M.D. Certified in Neurological Surgery

**REVIEW OUTCOME**

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

**X** 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 Letters – 11/9/07; 11/21/07
Lumbar MRI Report 3/8/07
Lumbar Discogram Report 10/15/07
Peer Review Report - 11/8/07
Peer Review Report – 11/21/07
Office Notes: D.O. – 3/22/2007 through 10/18/07

Lumbar Epidural Steroid Injection Operative Report – 10/15/07
Pharmacy Records re: muscle relaxants and pain medications
Office Notes: D.O. – 8/23/07; 10/23/07
Designated Doctor Evaluation – M.D. 7/9/07
Office Notes: M.D. 4/11/07; 3/20/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**
This Case involves a xx year-old-male who in xx/xx was moving merchandise and developed groin and low back pain soon joined by leg numbness and pain on the right side. A Lumbar MRI in xx/xx which was done while in the emergency room showed L5-S1 bilateral foraminal stenosis, only questionably worse on the right side with disc bulging at that level and the L4-5 level. Physical therapy, medications and epidural steroid injections have not been helpful in dealing with his trouble. His discomfort continues. On examination, straight leg raising is positive on the right side only at 80 degrees and there is some question of right S1 sentry loss but there is no reflex or strength deficit. Stenography of the lumbar spine on 10/15/07 showed positive findings at L3-4, L4-5 and L5-S1. No studies have indicated any instability of the spine.

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

I agree with the denial for the proposed operative procedure. The procedure is being based on discographic evaluation and on that discogram there was no control level. All levels that were injected were positive and it is unknown whether or not the levels above were also positive. There is no instability demonstrated on any of the x-rays with there being no report of flexion and extension views. There are findings suggesting that a less invasive procedure consisting of a surgical procedure at L5-S1 concentrating on the right side primarily with probable disc herniation removal well may be enough to take care of the problem. To base a rather extensive surgical procedure essentially on discography alone would be associated with a poor result in too high a percentage of cases to justify such an extensive procedure with its potentially associated complications.

**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 JUDGEMENT, 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)**