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IRO Certificate #

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 6/11/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthrodesis, posterior or posterolateral technique, single level, lumbar

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

Board Certified Neurological Surgery

REVIEW OUTCOME

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

X Upheld (Agree)

Overtaken (Disagree)

Partially Overtaken (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

Peer review letters 4/9/07, 4/30/07

Reports 2/07 – 4/07, Initial evaluation 12/19/06 Dr.

Reports MRI lumbar and cervical spine 6/14/06

Operative reports ESI's 4/25/07, 3/23/07, 3/9/07

Initial consult report 3/2/07, Dr.

Reports 7/17/06, Dr.

Operative reports ESI's, facet blocks 8/3/06, 9/14/06, Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was initially injured. He suffered lower back pain, and received extensive conservative treatment. No record was provided for this review suggesting that a surgical procedure was performed on his back. However, he continued with pain in his neck and back for several years, and an MRI of the lumbar and cervical spine was done on 6/14/06. This was approximately months before an injury that occurred while the patient was loading auto parts and developed neck pain. Conservative management has not dealt with the patient's trouble, and it is now proposed that a major operative procedure be performed on his back, consisting of interbody fusion at the L3-4 level with decompression laminectomy.

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

I agree with the denial of the requested surgery.

The patient continues to have neck pain, which would not be dealt with by this procedure, and that neck pain has been so great and recent, that he had a cervical ESI on 3/23/07. In addition, the changes in the lumbar spine, according to his MRI, suggest more of a potential of instability with retrolisthesis being present at both the L4-5 and L5-S1 levels, which would be dealt with by the proposed procedure. Additional levels are also involved with major pathology, which may be producing pain, that would not be addressed by the procedure. After the injury, for several weeks, the only problem mentioned was the neck pain, and this discomfort continues, and would not be addressed by the proposed operative procedure of the lumbar spine.

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)**