

Envoy Medical Systems, LP

DATE OF REVIEW: 3/19/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthrodesis posterior interbody technique, including laminectomy and/or diskectomy

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

M.D. Board Certified in Neurosurgery

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 letters
- Medical records, 2004 - 2007
- Lumbar CT discogram report, 11/16/04
- Letter from Dr., 2/8/2007
- Progress notes, Dr., 2006 and 2007
- Lumbar MRI report, 1/15/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male, who was injured. The nature of that injury was not outlined in the material provided for the review. Records indicated that the patient has had physical therapy, medications, and ESIs without significant help. IDET on two occasions has been unsuccessful. On the first such occasion, the IDET was helpful. Since it was not helpful on the second occasion, this led to reevaluation by MRI that once again showed significant difficulties as a potential source of his trouble at the L4-5 level. The patient previously had diskography on 11/16/04, also indicating the L4-5 level as a source of the patient's discomfort. Because of his consistent pain in his back and into the lower

extremities, suggesting disk disease, changes causing nerve root compression, a decompression laminectomy with fusion has been recommended at the L4-L5 level.

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

The patient has two imaging studies that suggest that the source of his trouble is at the L4-5 level. In addition, his symptoms are compatible with changes at those levels, potentially correctable by the proposed surgery. While a more simple procedure such as decompression with discectomy might well be helpful, the greatest potential for giving the patient long-term relief is the proposed surgical procedure, which would include a fusion at the L4-5 level.

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)