

Envoy Medical Systems, LP
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IRO Certificate #

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DATE OF REVIEW: 3/22/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar laminectomy and decompression; LSO

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 letters
Employers first report of injury
Report 1/3/07, Dr.
Report 5/20/05, Dr.
Reports 8/06 – 2/07, Dr.
Lumbar CT report 8/8/06
Lumbar CT myelogram report 12/15/06
Electrodiagnostic test report 8/10/06
Lumbar MRI report 1/30/06
FCE 9/14/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female, who was lifting potting soil and developed a sharp pain in her low back. Physical therapy led to her return to work on 1/24/06, but because of

continued pain, an MRI was obtained on 1/30/06 showing some question of midline disk herniation at L4-5 of a very small size. ESIs and more physical therapy were unsuccessful in relieving her back pain. Electromyographic evaluation on 8/10/06 showed multiple levels of potential radiculopathy without any pattern that would correspond to any of the imaging studies. CT myelography on 21/15/06 again showed difficulty at the 4-5 level of a very small size and without definite nerve root compression. The patient has not had any lower extremity pain. On examination straight leg raising is negative, and there is no neurologic deficit. It is suggested by one examiner that “abnormal pain behavior” is present.

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

The disk herniation on both MRI and lumbar myelogram with CT is extremely small, and does not show evidence of nerve root compression. There is no lower extremity pain, and straight leg raising is negative. EMG findings do not correspond to the area of the proposed surgery. It is unlikely that the proposed procedure would be beneficial in dealing with the trouble. In addition, there are potential complications of the surgery, with even post operative scarring that could create nerve root problems that were not present pre-operatively.

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)**