

Envoy Medical Systems, LP

DATE OF REVIEW: 3/21/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat lumbar MRI

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:

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

Letter from Dr., 1/18/07

Orthopaedic surgery reports, Dr., 2000 - 2007

Lumbar and thoracic MRI report, 1/19/00

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male, who was injured while working as a sheriff's deputy, lifting a person and having to carry them 10 to 15 yards while arresting them. Thoracic and lumbar back pain developed and was helped initially by physical therapy and rest. Because of persistent pain, a 1/19/00 thoracic and lumbar MRI were obtained showing nothing significant in the way of potential spinal cord or nerve root difficulties except some question in the thoracic region of a probably non-surgical nature. Physical therapy continued and the patient was declared at MMI on 5/25/00. He was given a 7% full body impairment rating. The notes indicate that the patient did not return to sheriff's work but did return to security work. He returned to the doctor who initially treated him following the injury and again in 2004. The patient was prescribed Vioxx. The patient was followed by his TD intermittently since that time with several months between visits. Electrodiagnostic studies have failed to reveal any evidence of spinal cord or nerve root difficulties. Straight leg raising is negative and Dr. stated "no evidence of radiculopathy

or neuropathy” on his electrodiagnostic testing and on his examination. A repeat MRI of the lumbar spine has been recommended and is the test now in question.

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

There is nothing on examination to suggest pathology that might be seen on MRI that could be surgically correctable. In addition, the patient’s general status is somewhat in question and a major operative procedure would require major findings both by imaging and on physical examination before any operative procedure should be pursued. An MRI under these circumstances would have no potential therapeutic rewards.

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)**