

Envoy Medical Systems, LP
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Austin, Texas 78758

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IRO Certificate #

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DATE OF REVIEW: 3/20/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Facet joint block L3-4, L4-5. Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve

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:

- | | |
|---------------------|----------------------------------|
| X Upheld | (Agree) |
| Overtured | (Disagree) |
| Partially Overtured | (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
Review of medical history and physical exam, Dr., 1/11/07
Initial short note, Dr., 1/22/07
Lumbar MRI report, 7/5/06
Electrodiagnostic testing report, 10/27/06
Functional abilities evaluation report, 10/18/06
Lumbar spine x-ray report, 9/13/06
Report from Dr., 9/9/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who on was pulling a cart of boxes and developed pain in her low back. She continued to work until but because of continued pain and the extension of the pain into the left lower extremity, she sought medical attention and x-rays and scans were obtained suggesting that ESIs may be helpful. The patient had 3 ESIs and these helped,

but continued pain to a lesser extent has been a problem. This pain is increased by many activities, and many of the activities required for her work increase her discomfort. The 7/6/06 MRI of the lumbar spine shows facet arthropathy at L3-4 and L4-5 bilaterally. She continues with significant discomfort extending into the left thigh. Bilateral facet blocks at L3-4, and L4-5 had been recommended.

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

The patient's overall picture of continued back pain with lower extremity pain suggests more in the way of pathology than would be dealt with by the proposed blocks. It is doubtful that lower extremity discomfort would be helped by those blocks. Except for the MRI findings, which may well be present even in asymptomatic individuals, especially after an adjacent level fusion, there is nothing on examination to suggest a facet problem as a source of her back pain and certainly nothing that would suggest that as the source of her lower extremity discomfort. Evaluation such as CT myelography with flexion extension views looking for pathology that could be corrected and totally take care of her problem would be more appropriate than the proposed facet blocks.

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)**