

Envoy Medical Systems, LP

DATE OF REVIEW: 3/23/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI

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

Carrier statement 3/15/07

report 21/6/06, Dr.

Lumbar MRI report 10/3/06

Report 2/13/06, progress reports 2006 – 2007, Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female, who developed back pain when lifting a handicapped child. Physical therapy and medications have not been significantly helpful. On examination there is a diminished right S1 sensory appreciation, and straight leg raising is positive on the right side. A lumbar MRI on 10/3/06 showed probably right L5-S1 trouble in the form of potential disk rupture with nerve root compression.

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

I disagree with the denial of ESIs. The patient has evidence on examination and imaging studies of potential nerve root difficulties secondary to irritation of the nerve root by changes in the lumbar disk. Under these circumstances, an operative procedure is often necessary in dealing with the trouble, but an attempt at helping with ESIs is often indicated, especially when there is no neurological deficit present. There is some

question as to what is being requested by the treating physician and my disagreement with the denial is in regard to the ESIs. As was outlined by the report for the carrier, it would not be medically appropriate to perform facet injections at the same time as the ESI, as to do both at the same time could potentially confuse the issues.

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)**