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DATE OF REVIEW 5/7/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

360 Spinal Fusion L4-5, L5-S1

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 letter: 3/9/07 4/12/07

Notes: 2007, Dr.

Notes: 7/06 – 12/06 Dr.

Lumbar Discogram Report 2/16/07

Lumbar MRI Report 9/15/06

ESI Op Report 12/14/06

Lumbar Nerve Root Block Report 10/11/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who developed back pain in association with moving heavy equipment. He was helped initially with ice and rest. Within one week his pain had recurred and he developed lower extremity discomfort. Physical therapy, medications, a decompressive table and chiropractic treatments have not been helpful. In addition the patient has had epidural injections on 10/11/06 in association with a nerve block. On 12/14/06 epidural steroid injections caudally were done which gave only insignificant relief. The epidural steroid injection with nerve block gave relief for only 4-5 days but that was on the left side and his pain is as significant on the right side as it is on the left.

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

The patient has been incapacitated with pain for almost one year despite multiple conservative measures. The patient's difficulty is at two levels on his MRI and despite the discography disagreeing with that, it would be contraindicated to do only one level of the spine considering the changes are so strong at the two levels. A simpler procedure, as was recommended by one of the adverse determinations would be probably be unsuccessful because of the variety of symptoms that seem to relate to two different areas bilaterally. In addition to instability there is retrolisthesis at the two lower levels of the lumbar spine, and this is associated with a degenerative disc disease and usually represents some instability.

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)