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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 decompression, PLIF

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. 4/17/07, 4/2/07

Letter 4/11/07, and notes 8/06 – 10/06, Dr.

Motes 12/06, 2/07, Dr.

Notes 2003-204, Operative report 6/3/03, Dr.

Lumbar MRI reports 9/14/06, 8/6/03

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured. the details of the injury were not provided for this review. The injury led to a discectomy at the L5-S1 on the left side. The patient did reasonably well after that, having only intermittent difficulty with back and leg pain until September 2006, when the pain became more persistent, despite physical therapy, medications and ESI's. There was no improvement in his pain on a consistent basis, the ESI's leading to transient relief only. A 9/14/06 MRI showed a large, recurrent L5-S1 disk rupture on the left side.

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

A patient who is young, and has a recurrent disk rupture at a level that is not fused, stands a good chance of future development of a similar problem. Conservative measures have

failed. The patient is a rather active, young individual, and a fusion to solidify his spine at the diseased joint level is a logical approach to his problem. Based on what is described on the 9/14/06 MRI report, it is surprising that a surgical procedure has not already been carried out.

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)