

Envoy Medical Systems, LP

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IRO Certificate #

DATE OF REVIEW: 5/31/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

with anesthesia

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D. Board Certified

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- xUpheld (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 3/29/07, 4/25/07

Lumbar MRI report 9/15/06

Clinic initial report with pre auth request 11/16/06

Notes 12/1/06, 2/7/07, Dr.

Report 1/18/07, Dr.

Lumbar discogram report 1/24/07

Report 1/22/07, Dr.

Initial chart note 3/14/07, Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male, who in xx/xx/xx was lifting 200 pound pieces of concrete into a pick-up truck when he developed back pain. The pain was soon joined by lower extremity pain, worse on the right side. Despite physical therapy, medications, rest, and chiropractic treatments, the patient has not had significant relief of his symptoms, and remains significantly disabled by his discomfort. A 9/15/06 MRI showed primarily L5-S1 changes with stenosis and extension of the disk bulge to the right side, somewhat corresponding to the patient's symptoms. A 1/24/07 lumbar discogram at L4-5 and L5-S1 showed concordant pain at L5-S1 only. On examination there is no reflex, sensory or motor deficit, but straight leg raising is positive on the right side.

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

I agree with the denial of the caudal block. At best, this would only give very transient improvement in the patient's symptoms. The patient's basic problems are fairly severe at the L5-S1 level, with canal compromise, and degenerative disk disease changes, which would not be helped to any permanent extent by the proposed injection. In cases such as this, decompressive discectomy, with or without fusion can be a logical approach to the problem.

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
- X 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)