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OCTOBER 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient Room, App. Of Prosthetic Dev., Posterior Lumbar Fusion, Post Instrum. w/o fix. Lumbar laminectomy, Posterior Lumbar fusion

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

Adverse Determination Letters – IMO; 7/26/07; 8/21/07
Report of Letter –1/11/07; 3/27/07
MRI – lumbar spine – 1/24/06
Left L5 Nerve Root Transforaminal Epidural Steroid Injection Report – 4/13/06
Electrodiagnostic Consultation report – 5/24/06
Left L5-S1 Transforaminal Epidural Steroid Injection Report – 3/2/07
CT – Lumbar Spine w/o contrast report; 6/27/07
Lumbar myelogram report– 6/2/07
Clinical Notes: Group and center 1/13/06 –9/11/07

RME Evaluation — 5/22/07
Progress Notes (2nd Opinion) – Center - 9/14/07
Clinical Review –M.D. 9/21/07
Clinical Notes –Institute – 12/1/06 – 11/3/06
Supplemental Information –M.D. 1/11/07
RME/Peer Reports – 9/21/06 – 5/22/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a female who was lifting coke and bottled water when she developed pain in her lower back, which soon was associated with left lower extremity pain. This pain has persisted despite physical therapy, epidural steroid injections, rest and medications. Her examination does not reveal reflex or definite sensory deficit, and on motor examination there is give-way weakness, suggesting non-organic influences. Electrodiagnostic testing on 5/24/06 failed to reveal any evidence of radiculopathy and a CT myelogram on 6/2/06 showed only chronic changes without surgical pathology being evidenced. Lumbar MRI showed a small left L5-S1 disc protrusion which was abutting the thecal sac. One examiner has stated there is “morbid obesity.”

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

I agree with the denial of the proposed major operative procedure consisting of decompression and fusion in the lumbar spine. There is no evidence of instability. The patient’s obesity is probably a contributing factor, and is frequently associated with recurrent difficulties even after an apparently successful operation. The examination finding of give-way weakness in several muscles of the left lower extremity suggests efforts on the part of the patient in trying to show problems that are not secondary to nerve root compression. With the patient having negative straight leg raising and no findings to definitely suggest S1 nerve root difficulties, a surgical procedure is not indicated at this time. If after a weight loss program her symptoms persisted, a repeat MRI evaluation of the lumbar spine might show persistent or increased difficulty at the L5-S1 level on the left side and indicate that a less invasive surgical procedure such as hemilaminectomy on the left side at L5-S1 with possible disk removal might be helpful. Repeat MRI could be appropriate, because the only one recorded was done days after her lifting injury.

This opinion does not diverge from ODG guidelines.

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 JUDGEMENT, 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)