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IRO CERTIFICATE #

Notice of Independent Review Decision

OCTOBER 15, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Lumbar Discogram with CT L2-4, L3-4, 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

Initial Determination Letter – 8/8/07
Appeal Letter – 8/21/07
MRI Lumbar Spine; 5/23/07

EMG; 3/14/07
MRI Lumbar Spine without contrast – 7/27/06
Operative Report – M.D. 10/25/06
Initial Diagnostic Screening – M.A., L.P.C.
Chart Notes – M.D., FACS 2/16/07 – 9/19/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a male who was pulling boxes of copy paper from under a desk. The box jammed and as he bent down to pull the box again, he felt a popping sensation in his lower back associated with severe pain. The pain was joined by lower extremity pain worse on the left side two months after the onset of the original pain. He has questionable sexual dysfunction but no bladder or bowel problems. Examination reveals an absent left Achilles reflex but straight leg raising is negative and there is no sensory or motor loss. Steroid Injections have been tried on two occasions with only transient help. MRI evaluation of lumbar spine has revealed chronic changes at L4-5 and L5-S1 with central disc protrusions at those levels of a small size. Pain x-rays of the lumbar spine show a narrowing with degenerative disc disease change primarily at the L5-S1 level. An EMG in March 2007 reveals bilateral L4 changes with some comparable left L5-S1 radiculopathy. Psychological evaluation in September 2007 suggests the patient mental status is compatible with a surgical procedure to attempt to relieve his pain.

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

I agree with the denial of discographic evaluation prior to a thorough course of physical therapy. The patient has had “only minimal physical therapy”. If a thorough course of physical therapy and possibly progressing to work hardening is not beneficial, then discographic evaluation might be indicated in the future. The patient has shown through psychological evaluation that he is motivated to improve his physical condition and return to work, but also this is compatible with better results from discographic evaluation in regards to concordant pain than if his motivation was not present. Additionally, the patient has two levels of potential difficulty and positive discography at both these levels might suggest that both needed to be cared for surgically. The

patient has a language problem and a very good interpreter would be necessary during the procedure.

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)