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IRO Certificate #

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 9/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram

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

M.D. Board Certified in Neurosurgery

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 reports 7/9/07, 7/12/07, 9/19/07
Peer review 8/2/06, MES
Review 12/3/04, Dr.
Electrodiagnostic test report 5/2/02
Lumbar MRI report 10/30/02
Lumbar CT myelogram reports 7/3/02, 1/23/06
Operative reports 5/11/06, 9/14/04, 8/24/07
Lumbar discogram report 4/22/04
Medical notes 2003-2006, Dr.
Medical notes 2002, Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was lifting an approximately 250-pound file cabinet and developed pain in his back and into his lower extremity. This led to diagnostic testing, which showed evidence of lumbar disk herniation at the L4-5 and L5-S1 levels. On 8/24/02 lumbar discectomy with decompression was performed at the L4-5 and L5-S1 levels. He did poorly after that surgery, showing no significant improvement. ESI's, physical therapy and medication were not of significant benefit. More diagnostic testing on the lumbar spine led to anterior discectomy and fusion at the L4-5 and L5-S1 levels on 9/14/04. The patient again did poorly post-operatively, and has continued with discomfort. On 5/11/06 re-fusion and hardware removal were carried out. The patient has persisted with discomfort.

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

I agree with the benefit company's decision to deny the requested discogram. A patient with multiple spinal procedures is rarely able to give an adequate positive response necessary to determine concordant pain. In addition, one can assume significant change at the L3-4 level above the areas of fusion, and this would best be evaluated by means other than discography, such as Ct myelography with flexion and extension views, and electrodiagnostic testing. If those tests indicated nerve root pathology at the L3-4 level, the indications for surgery at that level would be greater. The extent of the pathology at the levels already operated on certainly is great enough to account for the patient's symptoms. Discography is often extremely inaccurate with patients without prior surgery, and in the face of patients with previous surgery it is even less accurate.

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**

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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)