

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

DATE OF REVIEW: 9/19/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Discogram / CT L4-5

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:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> 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

Denail letters 6/11/07 – 8/2/07

Operative reports ESI's 2/6/06, Facet blocks 3/29/06, L4-5 decompression 6/27/06, SI injections on left 5/16/07

Lumbar MRI with and without contrast report 4/30/07

COPE pain management report 8/21/07

Report 6/15/07, Dr.

Follow up reports 2/19/07, 4/2/07, 6/4/07, Dr.

Notes 10/30/05 – 2/27/07, Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who in November xxxx was injured in an accident, the details of which were not provided for this review. This led to back pain, with lower extremity pain, primarily on the right side. A 12/30/07 lumbar MRI revealed primarily an L4-5 broad-based disk rupture with spinal stenosis secondary to that, plus facet hypertrophy. Facet blocks and ESI's were not beneficial. On 6/27/06, L4-5 decompression was carried out, with no mention of disk removal at that time. It was

noted in the operative report that there had been previous surgery at the same level. No reports of previous surgery were provided for this review. A 4/30/07 lumbar MRI with and without enhancements, showed changes at the L4-5 level, with possible nerve root compression, but the enhancement indicated that scarring was a major source of difficulty. Discography at three levels has been recommended, with emphasis on the L4-5 level.

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 discography. Discography is difficult in someone without previous surgery in the area of the discography. With previous surgery present – it's possible that discectomy was even performed—at the primary level of concern, which is L4-5, discography would not be of benefit in reaching conclusions as to any future therapeutic measures. Other evaluating techniques may be of benefit, such as CT myelography with flexion and extension views to outline the nerve root difficulty that maybe the source of the patient's lower extremity difficulty, and which might show instability that could be helped by fusion. 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 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)