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IRO CERTIFICATE

Notice of Independent Review Decision

**APRIL 23, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

LUMBAR DISCOGRAM WITH CT

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

Board Certified in Neurological Surgery

**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**

Table of Disputed Services  
Lumbar MRI and spine x-rays 2/9/08  
Report Dr. 3/31/08

Utilization review reports 3/18/08, 4/1/08  
Rehab reports 3/5/08, 3/25/08, 4/1/08  
Reports 2/26/08, 4/1/08 Dr.  
Letter Dr., 3/14/08  
ODG Guidelines

**PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:**

This case involves a male who injured when he was bending over to pick up lumber and developed back pain. The pain has been present on and off, with a significant increase in the discomfort on 2/21/08 when the patient was moving something. The pain is associated with lower extremity numbness and weakness, while on physical examination no neurologic deficit is found. The patient's most recent lumbar MRI suggests L2-3 disk herniation on the left side, with degenerative disk disease changes at L3-4 and L4-5. While there is no report of a discogram in the materials presented for this review, Dr. indicates in his report that lumbar discography was carried out on 11/4/04, and was positive at L3-4, with right lower extremity pain, and some changes on the CT scan that followed the discogram at both L5-S1 and L4-5.

**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 repeat multilevel lumbar discogram. The control level for the discogram is said to be L5-S1, but on previous discography changes in that disk were such to suggest that that would not be an adequate control. When multiple level discography is carried out without a specific area being thought of as most likely positive, the results are rarely associated with recommendations for more therapeutic measures. I agree with Dr.'s statement in his 3/31/08 report that "with no significant radicular findings, no evidence of lumbar instability, and nondiagnostic prior discogram, the requested outpatient lumbar discogram with post CT scan is not considered to be reasonable or medically necessary.

**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)