
Envoy Medical Systems, L.P.
1726 CRICKET HOLLOW DR.
AUSTIN, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145

Notice of Independent Review Decision

APRIL 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

RT LUMBAR MEDIAL BRANCH BLOCKS

**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
Consideration Letters – 3/6/08; 4/2/08
Lumbar MRI Report – 6/27/07
MRI - Lower right extremity joint w/o contrast - 9/26/07
Functional Capacity Evaluation – 1/21/08

Clinical Reports – M.D.12/10/07 – 2/28/08
Clinical Reports – M.D.; M.D.
ODG Guidelines

PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:

This case involves a xx-year-old female who injured in xx/xx. She fell from a ladder landing on her left buttock. The patient developed left hip and left low back pain. Despite medications and physical therapy, this did not clear. It was reported on 9/6/07, it was noted that the patient had sudden and severe right lumbar pain when lifting a shelf. An EMG is reported as showing a right L5-S1 radiculopathy. Epidural steroid injections have also been tried without significant help. A lumbar MRI done on 6/27/07 was thought normal. The patient's examination revealed straight leg raising to be negative but there is a deficit to pinprick in the L5-S1 distribution corresponding to the EMG findings. Medial branch blocks have been recommended.

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 medial branch blocks. The patient has enough evidence of radiculopathy secondary to nerve root compression. Dr. I has mentioned CT myelographic evaluation or a possible discogram. Either of these would be preferred over the medial branch blocks. These procedures may find pathology that can be corrected on a permanent basis. In addition, the transient benefit that might be obtained by these blocks, from a diagnostic standpoint would not give information that could be used to do something more definitive in the way of surgery.

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)