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Notice of Independent Review Decision

DATE OF REVIEW: 12/28/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI lumbar spine

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year-old female, who was pulling on a heavy pallet in when it became stuck in a doorframe and jerked her back when she tried to pull on it. She developed low back and right lower extremity pain within five minutes of this incident. Pain persisted despite physical therapy, rest and medications, and on 4/19/07 a lumbar MRI showed central L4-5 and L5-S1 disk problems, not thought surgically significant. Her examination failed to reveal any evidence of nerve root compression. More PT and ESI's in June and July 2007 were not significantly helpful. A lumbar CT discogram was done on 3/28/07, and it was positive at L4-5 and L5-S1. An EMG on 7/3/07 showed a right L5-S1 radiculopathy.. Two double fusions have been recommended, and more recently it has been recommended that the patient have repeat MRI evaluation.

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

I agree with the denial of the requested diagnostic procedure. Nothing has changed in the patient's symptomatology, except for a more primary low back problem. The patient's examination has never shown anything suggestive of

significant nerve root compression, despite a positive EMG in July 2007. The reason for the MRI is apparently in regard to the potential for L5-S1 and L4-5 360 degree decompression and fusion, and an MRI would not be of added benefit in coming to conclusions about additional nerve root compression or instability. Lumbar CT myelography with flexion and extension views may show evidence of nerve root compression or instability. The patient has had previous MRI which was not significantly helpful from a therapeutic standpoint, and the patient's clinical status has not changed since that time.

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)