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

Notice of Independent Review Decision

**DATE OF REVIEW: 2/4/08**

**IRO CASE #:**

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

Cervical Decompression ACDF w/cages and plates LOS 3 days C4-5, C5-6, C6-7

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

M.D. Board certified in Neurological Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

X 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 Letters – 12/21/07; 1/9/08

Letter to carrier 12/27/07, Dr.

Medical notes Dr.  
Report 7/23/07, Dr.  
Office note 11/30/07, Dr.  
EMG report 11/30/07  
Report 8/13/07, Dr.  
Operative report 9/7/07, Dr.  
MRI C spine report  
X-ray report

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx-year-old male, who in xx/xx fell from an 18-wheeler, hitting his shoulder and neck regions. He developed pain in his neck, which soon extended into his right lower extremity, and which has continued despite conservative measures, including epidural steroid injections. While the patient's examination is normal, there is electrodiagnostic evidence of both C6 and C7 radiculopathy on the right side. An MRI on xx/xx/xx not only showed difficulties compatible with nerve root compression at C6 and C7, but also trouble with a central disk herniation at C4-5, with potential spinal cord compression.

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

While there was no control study on the discogram, the C4-5 level is the only level of concern, and that was positive in that it produced concordant pain, and appeared abnormal on the X-ray. The C5-6 and C6-7 levels were not done at the time of discography, but these levels had already shown surgically correctable pathology on the right side, with probable nerve root compression on MRI. The positive EMG also suggests surgically correctable pathology at the C5-6 and C6-7 levels. Here are persistent symptoms, probably secondary to changes in the cervical spine that can be corrected by the proposed operative procedures. "Conservative measures" have failed.

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 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)**