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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

**FEBRUARY 21, 2008**

**IRO CASE #:**

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

Lumbar Fusion L5-S1 Reconstruction

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

M.D. Board Certified 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**

Table of Disputed Services  
Medical Determination –11/21/07; 12/18/07  
Notification of Determination –7/10/07  
Electrodiagnostic Testing – M.D. 1/30/07  
Reports – Medical Testing 1/23/08  
Functional Capacity Evaluation – 11/1/07

Lumbar MRI Radiology Report – 2/5/07  
Follow-up MRI Report – 10/16/07  
Operative Report – M.D.; 4/23/07  
Examination Reports – M.D. 11/9/07 – 12/4/07  
To Whom It May Concern Letter:  
Clinical Reports – M.D. 3/07 – 8/07  
Required Medical Examination – M.D. 1/15/08  
ODG Guidelines

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

This case involves a male who reported a work related injury. The patient slipped on a ladder, caught himself with his hands and twisted his back. He developed back pain at that time with lower extremity discomfort primarily on the right side. This persisted despite physical therapy, chiropractic treatments and medications. In April 2007, a lumbar laminectomy with discectomy was carried out at the L5-S1 level on the right side with hopes of relieving his trouble. The patient has not had significant relief since that procedure. An MRI six months following his surgery shows either residual or recurring L5-S1 disc rupture with right-sided nerve pressure. An EMG showed bilateral L5 somewhat worse on the left and the patient is having more lower left extremity discomfort than he was before his surgery. His neurological exam has been normal except for an absence right Achilles reflex and a deficit pinprick in the right L5-S1 distributions along with positive straight leg raising bilaterally.

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

I disagree with the benefit company's decision to deny the proposed operative procedure of discectomy and interbody fusion at the L5-S1 level with instrumentation. The patient's discomfort persist despite conservative measures and the patient has findings on various tests that indicate that continued nerve root compression is probably the source of his trouble and could be relieved by the proposed operation. In reading the operative report, it would be very unlikely that the surgeon was at the wrong level for the first operation and what is described, as discectomy is so definite that recurrent disc rupture is the present problem. In addition, there are bilateral difficulties and a total discectomy is possible to be done in preparation for the interbody fusion. And therefore both sides of the lumbar spine at that level are cared for. Adding fusion to the procedure stabilizes the spine and adds to the improbability that recurrent disc rupture could once again reoccur.

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**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)