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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: JULY 3, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CT – 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:

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

Adverse Determination Letters –.: 5/23/08; 6/12/08
Response Letter – 6/16/08
MRI Lumbar Spine: 6/4/04; 9/16/05; 5/10/07
3 views, lumbar Spine: 12/27/04

CT Scan of the Lumbar Spine following discography: 2/11/05
Lumbar Discogram: 2/11/05
Chest View 8/8/07
Lumbar Spine – 2 views 8/21/07; 9/11/07; 11/12/07
Operative Report – 8/21/07
Pain Management Procedure Note – 9/24/04
Follow-up Notes – M.D. 7/25/05
Clinical Notes - 1/28/08
Follow-up Office Visit Notes – M.D. - 1/24/07 – 11/2/07
Drug History Log – 11/2/07
Office Notes – M.D. - 10/5/05 – 318/08
Office Notes – M.D. - 2/20/08
Peer Review Letter and Addendum - M.D. – 6/11/08
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a male who developed low back pain in xx/xx while lifting a refrigerator. He also developed numbness in his legs and eventually discomfort extending into both lower extremities. An MRI on 6/4/2004 showed an L3-4 bulging disc and an EMG suggests bilateral L3-4 radiculopathy worse on the right side. Four level discography on 2/11/05 failed to reveal any significant abnormalities. The patient has had facet injections, epidural steroid injections, physical therapy and multiple medications. In addition, on 8/21/07 he had a transforaminal lumbar interbody fusion at the L3-4 level. This operation improved his radiculopathy but he continued to have back pain. The back pain increased significantly in early March of 2008 associated with renewed radicular symptoms. He was seen by his surgeon in March 2008, CT scanning and lumbar flexion and extension views were recommended.

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 requested X-rays. Extension and flexion views may well be beneficial in determining instability that may be present in addition to other problems that might be present such as fusion failure. A CT scan, while sometimes not as accurate as MRI scanning, is frequently more accurate in the face of hardware being present in the spine, especially when pseudo arthrosis may be present at the site of fusion. Other non-operated levels of the spine could also be evaluated for the possibility of something else developing causing his recurrent back and lower pain .

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)