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## **Notice of Independent Review Decision**

**DATE OF REVIEW:** JUNE 26, 2008

**IRO CASE #:**

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

Thoracic ESI @T8-T9

**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 – 5/20/08; 5/29/08

Peer Review Report – 5/16/08; 5/27/08

MRI – Lumbar Spine: 3/10/06

MRI – Thoracic Spine including thoracic cord: 3/10/08

X-ray – Lumbar Spine: 5/1/07

MRI - Thoracic Spine: 1/3/08

CT - Scan Lumbar spine after myelography: 3/28/08:

Lumbar Myelogram: 3/28/08  
CT - Thoracic Spine: 5/2/08  
Thoracic Spine Myelogram: 5/2/08  
Operative Reports: 12/20/06; 3/28/08; 5/2/08; 5/7/08; 5/28/08  
Letter from Patient  
Clinical Report – M.D. 3/6/08 – 5/12/08  
Initial Report and Office Visit Notes: 5/23/06 – 2/1/07  
Chart Notes –Spine Care: 11/29/06 – 3/14/07  
Progress Notes – M.D. 11/8/06;1/30/07  
Workers Compensation Follow-up Notes – M.D. 11/17/06; 3/2/07  
ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a xx -year-old obese Male who in xx/xx was moving drums and was knocked down. He developed back and leg pain and a work up doing various tests led to a February 2007 L5-S1 anterior fusion with posterior laminectomy and pinnacle screws and other instrumentation. The hardware was thought to be causing pain and on 5/28/08 it was removed. The patient is now complaining of thoracic area pain, which suggests radiculopathy because of radiation around his chest. Epidural Steroid Injections in the T8-9 region, which were abnormal on one MRI examination and a thoracic myelogram, have been 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 Thoracic Epidural Steroid Injection @ T8-T9. The majority of the interpretations of the patients various test suggest disc difficulty at the T8-9 level. And the patient's symptoms according to his letter certainly suggest that irritation of the nerves in that area may be a source of his discomfort. The changes on the MRI and Myelogram are not so great as to suggest an open procedure. But they are great enough to be accompanied by radiculopathy in the mid thoracic region. Physical findings on examination are frequently difficult to find in circumstances of thoracic nerve root difficulty. And therefore, the lack of such findings does not subtract from the radiculopathy diagnoses.

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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)**