
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

MARCH 16, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat MRI of Lumbar and Cervical spine

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:

- X Upheld (Agree)
- Overtaken (Disagree)
- Partially Overtaken (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

Adverse Determination Letters - .; 11/7/07; 1/21/08, 1/29/08

X-ray Report – Cervical Spine, Lumbar Spine, Right Hip; 3/8/04

MRI Report – Lumbar and Cervical Spine 9/27/05

DDE Report –M.D; 8/26/05

DDE Report – M.D. 5/10/06; 8/1/06

Employers First Report of WC Injury - M.D. xx/xx/xx

Injury Report (DOI – xx/xx/xx) - M.D. 9/7/05
Evaluation Report –M.D. 9/14/05
FCE - MD.; 11/16/05
Electrodiagnostic Testing Report – 8/11/06
Clinical Report – D.O; 7/2/0/04
ODG Guidelines

PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:

This case involves a xx year old male who in xx/xx was involved in a motor vehicle accident. He developed low back, right side and hip pain. A diagnosis on 3/8/04 suggested lumbar and cervical strain with right hip and right arm contusion. The patient's discomfort has continued in the above areas and the neck despite physical therapy including work hardening. Medications have included anti-inflammatory, muscle relaxants and a TENS unit. Neurological examination and EMG evaluation has failed to reveal any evidence of radiculopathy. Lumbar and cervical MRI on 9/27/05 showed a small, non-surgically significant central L5-S1 protrusion and a similar finding in the cervical region 4-5.

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

I agree with the benefit company's decision to deny the requested cervical and lumbar MRI evaluations. At this time, there is nothing in the way of new symptoms or signs that would suggest any change having developed in these two areas of the spine. Patients with both neck and low back pain without any distinct difference in their intensity are rarely found to have therapeutically correctable pathology in either area. At this time, neither the patient's lumbar nor cervical problem is more significant than the other, and physical examination does not show the potential of surgically correctable pathology in one of those areas. Therefore, at this time, the cervical or lumbar MRI would not be indicated.

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)